

**State:** Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only  
- HMO  
**Product Name:** KFHP CO Small Group  
**Project Name/Number:** 201401 KFHP CO SG Rates/201401 KFHP CO SG Rates

## Filing at a Glance

Company: Kaiser Foundation Health Plan of Colorado  
Product Name: KFHP CO Small Group  
State: Colorado  
TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)  
Sub-TOI: HOrg02G.004F Small Group Only - HMO  
Filing Type: Rate  
Date Submitted: 05/13/2013  
SERFF Tr Num: KFHP-129013793  
SERFF Status: Closed-Filed  
State Tr Num: 277971  
State Status: Filed  
Co Tr Num: 2014.01 KFHP CO SG  
  
Implementation: 01/01/2014  
Date Requested:  
Author(s): Aaron Ekstrom, Miranda Ross, Emmie Munthali  
Reviewer(s): Cathy Gilliland (primary), Nichole Boggess, Michael Muldoon, Amy Filler, Rachel Plummer  
Disposition Date: 07/30/2013  
Disposition Status: Filed  
Implementation Date: 01/01/2014  
  
State Filing Description:  
SERFF Binder Filing: KFHP-CO14-125001152

**State:** Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado  
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## General Information

Project Name: 201401 KFHP CO SG Rates  
Project Number: 201401 KFHP CO SG Rates  
Requested Filing Mode: File & Use  
Explanation for Combination/Other:  
Submission Type: New Submission  
Group Market Type: Employer  
Filing Status Changed: 07/30/2013  
State Status Changed: 07/26/2013  
Created By: Aaron Ekstrom  
Corresponding Filing Tracking Number:

Status of Filing in Domicile:  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Group  
Group Market Size: Small  
Overall Rate Impact:  
  
Deemer Date:  
Submitted By: Aaron Ekstrom

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: New products include those to be sold on the CO State Exchange

### Filing Description:

The enclosed exhibits represent documentation to support the filing of new product rates for Kaiser Foundation Health Plan of Colorado's (KFHP) small group products, effective January 1, 2014 to be sold on and off the Colorado State Exchange. This rate filing is to comply with current and developing Federal and State requirements as indicated by the Affordable Care Act (ACA) and corresponding regulations and interpretations. This filing applies to forms that are open to new sales including single, family and child only contracts and does not cover products that existed prior to 2014.

### State Narrative:

#### Rate Implementation Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014

This is a New ACA Compliant Filing for 2014, there is no rate change involved with this filing.

The purpose of this rate filing is to establish new product rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA).

On Exchange Only Plans Off Exchange Only Plans

Gold: 6 plans Gold: 15 plans

Silver: 9 plans Silver: 18 plans

Bronze: 9 plans Bronze: 9 plans

## Company and Contact

### Filing Contact Information

Aaron Ekstrom, Actuarial Director  
2530 S. Parker Road  
Suite 350  
Aurora, CO 80014

Aaron.D.Ekstrom@kp.org  
303-306-2672 [Phone]  
303-306-2676 [FAX]

**State:** Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado  
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**Project Name/Number:** 201401 KFHP CO SG Rates/201401 KFHP CO SG Rates

### Filing Company Information

Kaiser Foundation Health Plan of  
Colorado  
2530 S. Parker Road  
Suite 350  
Aurora, CO 80014  
(303) 344-7489 ext. [Phone]

CoCode: 95669  
Group Code: 601  
Group Name:  
FEIN Number: 84-0591617

State of Domicile: Colorado  
Company Type: HMO  
State ID Number: CO

### Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

### State Specific

Please enter state-specific code(s) found in Colorado's Filing Requirements Bulletins, or on the General Instructions page.

Please list all applicable state-specific codes. If no codes are applicable, please enter N/A.: 701

All rate and loss cost filing types MUST be submitted with completed Rate Data Fields in accordance with Sections 10-4-401 and 10-16-107 C.R.S. This requirement does not apply to form filing types. Rate and loss cost filings not including this data will be rejected. If this is a rate or loss cost filing, have these fields been completed?: Yes

Have you completed the Forms Schedule Tab? ALL Life, Accident, and Health Rate and Form filing types require the Form Schedule Tab to be completed. In addition, all Form, Annual Form Certification, and Refund Calculation filing types require the Form Schedule Tab to be completed. The actual form must be attached to Form filing types only when filing: Medicare Supplement, Long-Term Care Partnership, Stop Loss, P&C Summary Disclosure Forms, and Workers Compensation. It is not necessary to submit the actual form for other lines of insurance. Thank you.: Yes

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Cathy Gilliland	07/30/2013	07/30/2013

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Michael Muldoon	07/10/2013	07/10/2013
Pending Industry Response	Rachel Plummer	07/05/2013	07/05/2013
Pending Industry Response	Rachel Plummer	06/10/2013	06/10/2013
Pending Industry Response	Cathy Gilliland	05/29/2013	05/29/2013
Pending Industry Response	Cathy Gilliland	05/16/2013	05/16/2013
Pending Industry Response	Cathy Gilliland	05/16/2013	05/16/2013

### Response Letters

Responded By	Created On	Date Submitted
Emmie Munthali	07/11/2013	07/11/2013
Emmie Munthali	07/16/2013	07/17/2013
Emmie Munthali	06/21/2013	06/21/2013
Miranda Ross	06/04/2013	06/04/2013
Miranda Ross	05/21/2013	05/29/2013
Miranda Ross	05/21/2013	05/29/2013

<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
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## Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	2014.01 Addendum_2013.06.05	Aaron Ekstrom	06/05/2013	06/05/2013

## Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
KFHP Small Group 07/05/2013 Objection--Request for Extension	Note To Reviewer	Emmie Munthali	07/11/2013	07/11/2013
Disregard Objection	Note To Filer	Amy Filler	07/11/2013	

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## Disposition

Disposition Date: 07/30/2013  
Implementation Date: 01/01/2014  
Status: Filed

HHS Status: HHS Approved  
State Review: Reviewed by Actuary

Comment: see attached letter

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Kaiser Foundation Health Plan of Colorado	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

### Percent Change Approved:

<b>Minimum:</b>	0.000%
<b>Maximum:</b>	0.000%
<b>Weighted Average:</b>	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	HR-1 Form (H)		Yes
Supporting Document	Consumer Disclosure Form		Yes
Supporting Document (revised)	Actuarial Memorandum and Certifications		Yes
Supporting Document	Actuarial Memorandum and Certifications		Yes
Supporting Document	Actuarial Memorandum and Certifications		Yes
Supporting Document	Actuarial Memorandum and Certifications		Yes

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Unified Rate Review Template		Yes
Supporting Document	Unified Rate Review Template		Yes
Supporting Document	Unified Rate Review Template		Yes
Supporting Document	Exhibit I		Yes
Supporting Document (revised)	Attachment II		Yes
Supporting Document	Attachment II		Yes
Supporting Document	Attachment II		Yes
Supporting Document	Vaughn Index		Yes
Supporting Document	Exhibits 2 through 9		No
Supporting Document	Appendices I & II		No
Supporting Document	2014.01 Addendum_2013.06.05		Yes
Supporting Document	Retention Exhibit		Yes
Form	Membership Agreement		Yes
Form	Membership Agreement		Yes
Form	Membership Agreement		Yes
Form	Membership Agreement		Yes
Form	Membership Agreement		Yes
Form	Membership Agreement		Yes
Form	Membership Agreement		Yes
Form	Membership Agreement		Yes
Form	Membership Agreement		Yes
Form	Membership Agreement		Yes

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Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Membership Agreement		Yes
Form	Membership Agreement		Yes
Form	Membership Agreement		Yes
Form	Membership Agreement		Yes
Form	Membership Agreement		Yes
Form	Membership Agreement		Yes
Form	Membership Agreement		Yes
Rate (revised)	Rate Manual		Yes
Rate	Rate Manual		Yes



## Final Disposition Letter

State Tracking #277971

Company: Kaiser Foundation Health Plan of Colorado (KFHP)

Product Line: Small Group HMO

### **Rate Implementation Summary**

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014

This is a New ACA Compliant Filing for 2014, there is no rate change involved with this filing.

The purpose of this rate filing is to establish new product rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA).

#### On Exchange Only Plans

Gold: 6 plans

Silver: 9 plans

Bronze: 9 plans

#### Off Exchange Only Plans

Gold: 15 plans

Silver: 18 plans

Bronze: 9 plans

### **Rate Methodology**

Experience Used for Rate Setting: KFHP's 2012 SG experience. The Revenue Requirement for 2014 for these new products is developed by accumulating Colorado specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered Small Group business, incurred in 2012.

Allowed cost data includes internal costs, fee for service claims, and prescription drug claims. Allowed claims for internal services are used directly as allocated by KFHP's internal data systems, while allowed claims for external expenses are calculated as paid plus member cost sharing.

2012 Experience Period Loss Ratio: 76.5% based upon an average of 69,913 lives enrolled with \$276.8 Million in premium (\$344.71 pmpm).

Annual Health Cost Trends: 6.9%. This included Medical Trend of 6.5% and Pharmacy Trend of 9.5%.

Risk Adjustment: 0% (no payments expected from the federal Risk Adjustment Program in 2014).

Smoking Factor: 0% - same rates for smokers and non-smokers at all ages.

Age Rating: 3.0 to 1.0 age rating factor limits for all adults age 21 and over.

Colorado 2014 Overall Average Premium: \$366.16

\* Federal Reported 2014 Comparable Average Premium: \$369.17

\* This is reported on the issuer's CMS URRT Form submitted in HIOS. It represents a standardized average premium calculation that is used by CMS for comparing and gauging premium development. It is not necessarily the actual average premium, which is shown in the line above as Colorado 2014 Overall Average Premium.

### **Premium Retained to Cover Expenses, Taxes Fees and Profits**

Administrative costs: Expenses the insurance company pays to operate this insurance plan.

This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability, and taxes.

## Final Disposition Letter

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Total premium retained is 22.5% shown as follows:

<u>Issuer Primary Expense and Profit Retention</u>		% of Premium Retained
Administrative Expenses:		7.50%
Medical Management:		3.00%
Commissions:		4.50%
Capital and Contingency Margin::		3.00%
FIT - Federal Income Taxes:		0.00%
Investment Income:		0.00%
(A)	Total:	18.00%
<u>Retention for Additional Required Taxes, Fees and Assessments</u>		
PPACA Reinsurance Fee:		1.41%
PPACA Health Insurer Fee		0.65%
PPACA Risk Adjustment User Fee:		0.02%
PPACA PCORI Fee:		0.05%
Exchange user fees:		0.36%
Premium Taxes:		0.00%
State Income Taxes:		0.00%
Charitable Contribution		2.00%
(B)	Total:	4.49%
(C)	Total Premium Retention For All Purposes (A + B):	22.49%
(D)	Colorado Conventional Loss Ratio (100% - C):	77.51%
(E)	* Quality Improvement Expenses:	3.10%

Federal MLR Loss Ratio Basis: (D + E) / (100% - B - FIT): 84.40%

### Sample of Final Premium Levels

	Denver				Fort Collins				Pueblo			
	21 Year Old		64 Year Old		21 Year Old		64 Year Old		21 Year Old		64 Year Old	
	LOW	High	Low	High	Low	High	Low	High	Low	High	Low	High
Bronze	\$184.54	\$223.21	\$553.60	\$669.61	\$175.31	\$212.05	\$525.92	\$636.13	\$221.44	\$267.85	\$664.32	\$803.54
Gold	\$267.16	\$298.60	\$801.48	\$895.78	\$253.81	\$283.67	\$761.41	\$850.99	\$320.60	\$358.31	\$961.78	\$1,074.93
Silver	\$218.35	\$252.57	\$655.03	\$757.70	\$207.43	\$239.94	\$622.28	\$719.82	\$262.02	\$303.09	\$786.04	\$909.25

## Final Disposition Letter

### **Division Objections and Rate Changes During the Review Process**

The Division objected to small differences in rates of \$1 or less between the rate manual and the rate template. Kaiser corrected their floating rate calculations to use the same fixed factors as contained in the rate manual.

### **Final Rate Filing Disposition**

The Division has filed the rates in their final form after all adjustments.

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**Project Name/Number:** 201401 KFHP CO SG Rates/201401 KFHP CO SG Rates

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/10/2013
Submitted Date	07/10/2013
Respond By Date	07/11/2013

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Dear Aaron Ekstrom,

### **Introduction:**

*This filing has been received, but before further action can be taken, please address the following:*

### **Objection 1**

*Comments: Refer to the attached xls sheet showing a summary of retention.*

*Please clarify the 2.1% for PPACA Fees, what is this split out for the Reinsurance Fee, Health Insurer Fee, Risk Adjustment Fee, PCORI, CERF?*

*Please clarify any other items that you wish, note any rounding differences.*

### **Conclusion:**

*If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.*

*Sincerely,*

*Michael Muldoon*

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**State:** Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado  
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***Attachment Kaiser Foundation SG Consumer Retention Exhibit.xlsx is not a PDF document and cannot be reproduced here.***

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- HMO  
**Product Name:** KFHP CO Small Group  
**Project Name/Number:** 201401 KFHP CO SG Rates/201401 KFHP CO SG Rates

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/05/2013
Submitted Date	07/05/2013
Respond By Date	07/11/2013

Dear Aaron Ekstrom,

### Introduction:

*This filing has been received, but before further action can be taken, please address the following:*

### Objection 1

*Comments: Please provide a new rate manual in the following format:*

*Base Premium = (Age Factor) \* (Plan Benefit Factor) \* (Network Factor) \* (Area Factor) \* (Tobacco Factor) \* (Any other factors built into the rate)*

*Provide a table for each of the following factors listed above.*

*Also, for the Plan Benefit factors and Network factors, please include the plan id, plan marketing name, metal level and factor. Please be sure that all plan ids are mentioned on the manual.*

### Conclusion:

*If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.*

*Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/11/2013, which is within 6 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/11/2013.*

*The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.*

*Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.*

Sincerely,

Rachel Plummer

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**State:** Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only  
- HMO  
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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/10/2013
Submitted Date	06/10/2013
Respond By Date	06/24/2013

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Dear Aaron Ekstrom,

### Introduction:

*This filing has been received, but before further action can be taken, please address the following:*

### Objection 1

*Comments: Please provide a Colorado Actuarial memorandum in a PDF file.*

### Objection 2

*- Actuarial Memorandum and Certifications (Supporting Document)*

*Comments: Please include the "Credibility of Experience" section of the Part III Actuarial Memorandum. In this section issuers must provide support for the credibility level assigned to their base period experience, with the complement being applied to a credibility manual. The requested information will include items such as: Description of the Credibility Methodology Used, and Resulting Credibility Level Assigned to Base Period Experience when applying the proposed credibility methodology. This portion of the Part III Act Memo should follow the "Credibility Manual Rate Development" section. For more information, please see the HHS Part III Actuarial Memorandum and Certification Instructions. If no experience is applicable, please specify within the document.*

### Conclusion:

*If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.*

*Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/24/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/24/2013.*

*The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.*

*Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.*

Sincerely,  
Rachel Plummer

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/29/2013
Submitted Date	05/29/2013
Respond By Date	06/05/2013

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Dear Aaron Ekstrom,

### **Introduction:**

*This filing has been received, but before further action can be taken, please address the following:*

### **Objection 1**

*Comments: Please provide the Colorado Actuarial Memorandum*

### **Objection 2**

*Comments: When a colorado Actuarial Memorandum is attached, please provide: Product Descriptions: This section should describe the benefits provided by the policy. Must include EHB and list any substitution of benefits or any additional benefits above the EHB.*

### **Objection 3**

*Comments: If any files are in excel format, we also need to have them in PDF as we are having some issues in excel.*

### **Conclusion:**

*Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/05/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/05/2013.*

*The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.*

*Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.*

Sincerely,

Cathy Gilliland



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**State:** Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado  
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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/16/2013
Submitted Date	05/16/2013
Respond By Date	05/30/2013

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Dear Aaron Ekstrom,

### **Introduction:**

*This filing has been received, but before further action can be taken, please address the following:*

### **Objection 1**

*Comments: Please provide the requested rate action on the Actuarial memorandum as 0%*

### **Conclusion:**

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*Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 05/30/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 05/30/2013.*

*The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.*

*Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.*

Sincerely,

Cathy Gilliland

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/16/2013
Submitted Date	05/16/2013
Respond By Date	05/30/2013

Dear Aaron Ekstrom,

### Introduction:

This filing has been received, but before further action can be taken, please address the following:

### Objection 1

Comments: Please provide the % on the rate rule schedule, even if they are zero's.

### Objection 2

Comments: Please provide the Unified rate review template in a xls file. We are not able to open the XML file attached.

### Objection 3

Comments: Please provide state specific code of 645 for Non-Grandfathered.

### Objection 4

Comments: Regulation 4-2-11 section 6 (E) Please indicate which of the following PPACA benefits your plan has implemented:

Eliminate Annual Dollar Limits on Essential Benefits, Section 2711 of the PHSA/Section 1001 of the PPACA

Eliminate Lifetime Dollar Limits on Essential Benefits, Section 2711 of the PHSA/Section 1001 of the PPACA

Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19, Section 2711 of the PHSA/Section 1201 of the PPACA

Prohibit Rescissions, Section 2712 of the PHSA/Section 1001 of PPACA

Preventive Services, Section 2713 of the PHSA/Section 1001 of the PPACA

Extends Dependent Coverage for Children Until age 26, Section 2714 of the PHSA/Section 1001 of the PPACA

Appeals Process, Section 2719 of the PHSA/Section 1001 of the PPACA

Emergency Services, Section 2719A of the PHSA/Section 10101 of the PPACA

Access to Pediatricians, Section 2719A of the PHSA/Section 10101 of the PPACA

Access to OB/GYNs, Section 2719A of the PHSA/Section 10101 of the PPACA

### Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 05/30/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 05/30/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

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**State:** Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only  
- HMO  
**Product Name:** KFHP CO Small Group  
**Project Name/Number:** 201401 KFHP CO SG Rates/201401 KFHP CO SG Rates

Sincerely,  
Cathy Gilliland

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	KFHP CO Small Group		
Project Name/Number:	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/11/2013
Submitted Date	07/11/2013

Dear Cathy Gilliland,

### Introduction:

### Response 1

#### Comments:

Please find attached 2014.01 KFHP CO SG\_Fee\_Retention\_07.11.13 which supplies the fee splits.

### Related Objection 1

Comments: Refer to the attached xls sheet showing a summary of retention.

Please clarify the 2.1% for PPACA Fees, what is this split out for the Reinsurance Fee, Health Insurer Fee, Risk Adjustment Fee, PCORI, CERF?

Please clarify any other items that you wish, note any rounding differences.

### Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Retention Exhibit
Comments:	
Attachment(s):	2014.01 KFHP CO SG_Fee_Retention_07.11.13.xlsx 2014.01 KFHP CO SG_Fee_Retention_07.11.13.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Sincerely,  
Emmie Munthali

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	KFHP CO Small Group		
Project Name/Number:	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/16/2013
Submitted Date	07/17/2013

Dear Cathy Gilliland,

### Introduction:

### Response 1

#### Comments:

As per discussion with reviewers, the Rate Manual has been adjusted to remove three rating areas that are not within the service areas for Kaiser Foundation Health Plan. In addition, all rating factors are now rounded to three decimal points and the base rate is rounded to two decimal points. Previously, the rating factors and base rate were unrounded for the calculations of rates. These changes have resulted in revised Rate Manual, state Excel and PDF version of the Actuarial Memorandum ("Other Factors" section), and Attachment II files. The Rate Template is being resubmitted via the Binder to reflect these changes.

### Related Objection 1

Comments: Please provide a new rate manual in the following format:

Base Premium = (Age Factor) \* (Plan Benefit Factor) \* (Network Factor) \* (Area Factor) \* (Tobacco Factor) \* (Any other factors built into the rate)

Provide a table for each of the following factors listed above.

Also, for the Plan Benefit factors and Network factors, please include the plan id, plan marketing name, metal level and factor. Please be sure that all plan ids are mentioned on the manual.

### Changed Items:

<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	KFHP CO Small Group		
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	As per discussion with reviewers, three rating areas that are not within the service areas for Kaiser Foundation Health Plan have been removed from the rate filings. The state Excel and PDF version of the Actuarial Memorandum ("Other Factors" section) has been revised to reflect this change.
<b>Attachment(s):</b>	2014.01 KFHP CO SG_Cert.PDF 2014.01 KFHP CO SG Part III ActMemo.pdf 2014.01 KFHP CO SG_Act Memo_v2013.07.15.pdf 2014.01 KFHP CO SG_Act Memo_v2013.07.15.xls
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum and Certifications</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_Cert.PDF 2014.01 KFHP CO SG Part III ActMemo.pdf 2014.01 KFHP CO SG_Act Memo_v2013.05.29.xls 2014.01 KFHP CO SG_Act Memo_v2013.05.29_PDF of Required Excel Submission.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum and Certifications</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_Cert.PDF 2014.01 KFHP CO SG Part III ActMemo.pdf 2014.01 KFHP CO SG_Act Memo_v2013.05.29.xls</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum and Certifications</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_Cert.PDF 2014.01 KFHP CO SG Part III ActMemo.pdf 2014.01 KFHP CO SG_Act Memo.xls</i>

<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	KFHP CO Small Group		
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

<b>Satisfied - Item:</b>	Attachment II
<b>Comments:</b>	As per discussion with reviewers, all rating factors are being rounded to three decimal points. The base rate is being rounded to two decimal points. Previously, the base rate and rating factors were unrounded. The revised Attachment II reflects rates based on rounded factors and rounded base rate.
<b>Attachment(s):</b>	2014.01 KFHP CO SG_Att II_v2013.07.16.pdf 2014.01 KFHP CO SG_Att II_v2013.07.16.xlsx
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Attachment II</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_Att II.xls</i> <i>2014.01 KFHP CO SG_Att II_PDF of Required Excel Submission.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Attachment II</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_Att II.xls</i>

<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	KFHP CO Small Group		
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	As per discussion with reviewers, three rating areas that are not within the service areas for Kaiser Foundation Health Plan have been removed from the rate filings. The state Excel and PDF version of the Actuarial Memorandum ("Other Factors" section) has been revised to reflect this change.
<b>Attachment(s):</b>	2014.01 KFHP CO SG_Cert.PDF 2014.01 KFHP CO SG Part III ActMemo.pdf 2014.01 KFHP CO SG_Act Memo_v2013.07.15.pdf 2014.01 KFHP CO SG_Act Memo_v2013.07.15.xls
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum and Certifications</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_Cert.PDF 2014.01 KFHP CO SG Part III ActMemo.pdf 2014.01 KFHP CO SG_Act Memo_v2013.05.29.xls 2014.01 KFHP CO SG_Act Memo_v2013.05.29_PDF of Required Excel Submission.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum and Certifications</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_Cert.PDF 2014.01 KFHP CO SG Part III ActMemo.pdf 2014.01 KFHP CO SG_Act Memo_v2013.05.29.xls</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum and Certifications</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_Cert.PDF 2014.01 KFHP CO SG Part III ActMemo.pdf 2014.01 KFHP CO SG_Act Memo.xls</i>



<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	KFHP CO Small Group		
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

<b>Satisfied - Item:</b>	Attachment II
<b>Comments:</b>	As per discussion with reviewers, all rating factors are being rounded to three decimal points. The base rate is being rounded to two decimal points. Previously, the base rate and rating factors were unrounded. The revised Attachment II reflects rates based on rounded factors and rounded base rate.
<b>Attachment(s):</b>	2014.01 KFHP CO SG_Att II_v2013.07.16.pdf 2014.01 KFHP CO SG_Att II_v2013.07.16.xlsx
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Attachment II</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_Att II.xls</i> <i>2014.01 KFHP CO SG_Att II_PDF of Required Excel Submission.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Attachment II</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_Att II.xls</i>

No Form Schedule items changed.

<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	KFHP CO Small Group		
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted

SERFF Tracking #:

KFHP-129013793

State Tracking #:

277971

Company Tracking #:

2014.01 KFHP CO SG

State:

Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

KFHP CO Small Group

Project Name/Number:

201401 KFPCO SG Rates/201401 KFPCO SG Rates

## Rate/Rule Schedule Item Changes

1	Rate Manual	SG_IX_HMO_Gold_0_30_EOC(01-14), SG_IX_DHMO_Gold_500_20_EOC(01-14), SG_IX_DHMO_Silver_1200_35_EOC(01-14), SG_IX_DHMO_Silver_1500_50_EOC(01-14), SG_IX_HDHP_Silver_2000_30_EOC(01-14), SG_IX_DHMO_Bronze_4500_50_EOC(01-14), SG_IX_HDHP_Bronze_3500_40_EOC(01-14), SG_IX_HDHP_Bronze_4500_50%_EOC(01-14), SG_OX_HMO_Gold_0_30_EOC(01-14), SG_OX_DHMO_Gold_500_20_EOC(01-14), SG_OX_DHMO_Gold_1500_30_EOC(01-14), SG_OX_DHMO_Silver_1200_35_EOC(01-14), SG_OX_DHMO_Silver_1500_50_EOC(01-14),	New		2014.01 KFHP CO SG_Att I_v07.15.pdf,	07/17/2013 By: Emmie Munthali
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State:

Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

KFHP CO Small Group

Project Name/Number:

201401 KFHP CO SG Rates/201401 KFHP CO SG Rates

Rate/Rule Schedule Item Changes						
		SG_OX_HDHP_Silver _2000_30_EOC(01- 14), SG_OX_HDHP_Silver _2500_50_EOC(01- 14), SG_OX_DHMO_Bronz e_4500_50_EOC(01- 14), SG_OX_HDHP_Bronz e_3500_40_EOC(01- 14), SG_OX_HDHP_Bronz e_4500_50%_EOC(01- 14)				
Previous Version						

SERFF Tracking #:

KFHP-129013793

State Tracking #:

277971

Company Tracking #:

2014.01 KFHP CO SG

State:

Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

KFHP CO Small Group

Project Name/Number:

201401 KFHP CO SG Rates/201401 KFHP CO SG Rates

## Rate/Rule Schedule Item Changes

1	Rate Manual	SG_IX_HMO_Gold_0_ New 30_EOC(01-14), SG_IX_DHMO_Gold_5 00_20_EOC(01-14), SG_IX_DHMO_Silver_ 1200_35_EOC(01-14), SG_IX_DHMO_Silver_ 1500_50_EOC(01-14), SG_IX_HDHP_Silver_ 2000_30_EOC(01-14), SG_IX_DHMO_Bronze _4500_50_EOC(01- 14), SG_IX_HDHP_Bronze _3500_40_EOC(01- 14), SG_IX_HDHP_Bronze _4500_50%_EOC(01- 14), SG_OX_HMO_Gold_0 _30_EOC(01-14), SG_OX_DHMO_Gold_ 500_20_EOC(01-14), SG_OX_DHMO_Gold_ 1500_30_EOC(01-14), SG_OX_DHMO_Silver _1200_35_EOC(01- 14), SG_OX_DHMO_Silver _1500_50_EOC(01- 14),			2014.01 KFHP CO SG_Att 1.pdf,	05/13/2013 By: Aaron Ekstrom
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State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	KFHP CO Small Group		
Project Name/Number:	201401 KFHPCO SG Rates/201401 KFHPCO SG Rates		

Rate/Rule Schedule Item Changes						
		SG_OX_HDHP_Silver _2000_30_EOC(01- 14), SG_OX_HDHP_Silver _2500_50_EOC(01- 14), SG_OX_DHMO_Bronz e_4500_50_EOC(01- 14), SG_OX_HDHP_Bronz e_3500_40_EOC(01- 14), SG_OX_HDHP_Bronz e_4500_50%_EOC(01- 14)				

**Conclusion:**

Sincerely,  
Emmie Munthali

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**State:** Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only  
- HMO  
**Product Name:** KFHP CO Small Group  
**Project Name/Number:** 201401 KFHP CO SG Rates/201401 KFHP CO SG Rates

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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/21/2013
Submitted Date	06/21/2013

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Dear Cathy Gilliland,

### **Introduction:**

### **Response 1**

#### **Comments:**

Please see the previously included Colorado Actuarial Memorandum, submitted in both Excel and PDF format. The PDF version is the file titled 2014.01 KFHP CO SG\_Act Memo\_v2013.05.29\_PDF of Required Excel Submission.

### **Related Objection 1**

Comments: Please provide a Colorado Actuarial memorandum in a PDF file.

### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### **Response 2**

#### **Comments:**

Please reference the Credibility Manual Rate Development section of the Part III Actuarial Memorandum for the requested information, including an explanation of the credibility assigned to the base experience.

### **Related Objection 2**

Applies To:

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please include the "Credibility of Experience" section of the Part III Actuarial Memorandum. In this section issuers must provide support for the credibility level assigned to their base period experience, with the complement being applied to a credibility manual. The requested information will include items such as: Description of the Credibility Methodology Used, and Resulting Credibility Level Assigned to Base Period Experience when applying the proposed credibility methodology. This portion of the Part III Act Memo should follow the "Credibility Manual Rate Development" section. For more information, please see the HHS Part III Actuarial Memorandum and Certification Instructions. If no experience is applicable, please specify within the document.

### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### **Conclusion:**

Sincerely,  
Emmie Munthali

<b>SERFF Tracking #:</b>	KFHP-129013793	<b>State Tracking #:</b>	277971	<b>Company Tracking #:</b>	2014.01 KFHP CO SG
<hr/>					
<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado		
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO				
<b>Product Name:</b>	KFHP CO Small Group				
<b>Project Name/Number:</b>	201401 KFHPCO SG Rates/201401 KFHPCO SG Rates				

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/04/2013
Submitted Date	06/04/2013

Dear Cathy Gilliland,

### **Introduction:**

### **Response 1**

#### **Comments:**

Please see the Supporting Documentation tab for the previously included Colorado Actuarial Memorandum, submitted using the DOI-provided Excel template.

### **Related Objection 1**

Comments: Please provide the Colorado Actuarial Memorandum

### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### **Response 2**

#### **Comments:**

Please see the Supporting Documentation tab for the previously included Colorado Actuarial Memorandum. The updated version of the Colorado Actuarial Memorandum submitted on 5/29/2013 includes an expanded explanation of the benefits covered by these policies.

### **Related Objection 2**

Comments: When a colorado Actuarial Memorandum is attached, please provide: Product Descriptions: This section should describe the benefits provided by the policy. Must include EHB and list any substitution of benefits or any additional benefits above the EHB.

### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.



<b>SERFF Tracking #:</b>	KFHP-129013793	<b>State Tracking #:</b>	277971	<b>Company Tracking #:</b>	2014.01 KFHP CO SG
<hr/>					
<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado		
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO				
<b>Product Name:</b>	KFHP CO Small Group				
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates				

**Response 3**

**Comments:**

*Please see the attached PDF versions of the files required to be submitted in Excel.*

**Related Objection 3**

*Comments: If any files are in excel format, we also need to have them in PDF as we are having some issues in excel.*

**Changed Items:**

<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	KFHP CO Small Group		
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	2014.01 KFHP CO SG_Cert.PDF 2014.01 KFHP CO SG Part III ActMemo.pdf 2014.01 KFHP CO SG_Act Memo_v2013.05.29.xls 2014.01 KFHP CO SG_Act Memo_v2013.05.29_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum and Certifications</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_Cert.PDF</i> <i>2014.01 KFHP CO SG Part III ActMemo.pdf</i> <i>2014.01 KFHP CO SG_Act Memo_v2013.05.29.xls</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum and Certifications</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_Cert.PDF</i> <i>2014.01 KFHP CO SG Part III ActMemo.pdf</i> <i>2014.01 KFHP CO SG_Act Memo.xls</i>

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	2014.01 KFHP CO SG_URRT.xlsm 2014.01 KFHP CO SG_URRT_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Unified Rate Review Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_URRT.xlsm</i>

<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	KFHP CO Small Group		
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Unified Rate Review Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_URRT 20130510153246.xml</i>

<b>Satisfied - Item:</b>	Attachment II
<b>Comments:</b>	
<b>Attachment(s):</b>	2014.01 KFHP CO SG_Att II.xls 2014.01 KFHP CO SG_Att II_PDF of Required Excel Submission.pdf

<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Attachment II</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_Att II.xls</i>

<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	KFHP CO Small Group		
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	2014.01 KFHP CO SG_Cert.PDF 2014.01 KFHP CO SG Part III ActMemo.pdf 2014.01 KFHP CO SG_Act Memo_v2013.05.29.xls 2014.01 KFHP CO SG_Act Memo_v2013.05.29_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum and Certifications</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_Cert.PDF</i> <i>2014.01 KFHP CO SG Part III ActMemo.pdf</i> <i>2014.01 KFHP CO SG_Act Memo_v2013.05.29.xls</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum and Certifications</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_Cert.PDF</i> <i>2014.01 KFHP CO SG Part III ActMemo.pdf</i> <i>2014.01 KFHP CO SG_Act Memo.xls</i>

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	2014.01 KFHP CO SG_URRT.xlsm 2014.01 KFHP CO SG_URRT_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Unified Rate Review Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_URRT.xlsm</i>

<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	KFHP CO Small Group		
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Unified Rate Review Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_URRT 20130510153246.xml</i>

<b>Satisfied - Item:</b>	Attachment II
<b>Comments:</b>	
<b>Attachment(s):</b>	2014.01 KFHP CO SG_Att II.xls 2014.01 KFHP CO SG_Att II_PDF of Required Excel Submission.pdf

<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Attachment II</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_Att II.xls</i>

<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	KFHP CO Small Group		
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	2014.01 KFHP CO SG_Cert.PDF 2014.01 KFHP CO SG Part III ActMemo.pdf 2014.01 KFHP CO SG_Act Memo_v2013.05.29.xls 2014.01 KFHP CO SG_Act Memo_v2013.05.29_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum and Certifications</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_Cert.PDF</i> <i>2014.01 KFHP CO SG Part III ActMemo.pdf</i> <i>2014.01 KFHP CO SG_Act Memo_v2013.05.29.xls</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum and Certifications</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_Cert.PDF</i> <i>2014.01 KFHP CO SG Part III ActMemo.pdf</i> <i>2014.01 KFHP CO SG_Act Memo.xls</i>

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	2014.01 KFHP CO SG_URRT.xlsm 2014.01 KFHP CO SG_URRT_PDF of Required Excel Submission.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Unified Rate Review Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_URRT.xlsm</i>

<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	KFHP CO Small Group		
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Unified Rate Review Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_URRT 20130510153246.xml</i>

<b>Satisfied - Item:</b>	Attachment II
<b>Comments:</b>	
<b>Attachment(s):</b>	2014.01 KFHP CO SG_Att II.xls 2014.01 KFHP CO SG_Att II_PDF of Required Excel Submission.pdf

<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Attachment II</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_Att II.xls</i>

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Conclusion:**

Sincerely,  
Aaron Ekstrom

<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	KFHP CO Small Group		
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/21/2013
Submitted Date	05/29/2013

Dear Cathy Gilliland,

### Introduction:

### Response 1

#### Comments:

Please see the updated actuarial memorandum.

### Related Objection 1

Comments: Please provide the requested rate action on the Actuarial memorandum as 0%

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	2014.01 KFHP CO SG_Cert.PDF 2014.01 KFHP CO SG Part III ActMemo.pdf 2014.01 KFHP CO SG_Act Memo_v2013.05.29.xls
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	2014.01 KFHP CO SG_Cert.PDF 2014.01 KFHP CO SG Part III ActMemo.pdf 2014.01 KFHP CO SG_Act Memo.xls

No Form Schedule items changed.

No Rate/Rule Schedule items changed.



<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	KFHP CO Small Group		
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

**Conclusion:**

Sincerely,  
Aaron Ekstrom

State:	Colorado	Filing Company:	Kaiser Foundation Health Plan of Colorado
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	KFHP CO Small Group		
Project Name/Number:	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/21/2013
Submitted Date	05/29/2013

Dear Cathy Gilliland,

### Introduction:

### Response 1

#### Comments:

Please see the post submission update for this information.

### Related Objection 1

Comments: Please provide the % on the rate rule schedule, even if they are zero's.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Response 2

#### Comments:

Please find attached the Excel version of the unified rate review template.

### Related Objection 2

Comments: Please provide the Unified rate review template in a xls file. We are not able to open the XML file attached.

### Changed Items:

<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	KFHP CO Small Group		
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	2014.01 KFHP CO SG_URRT.xlsm
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Unified Rate Review Template</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2014.01 KFHP CO SG_URRT 20130510153246.xml</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Response 3

#### Comments:

The SERFF help desk verified that because the fields on the state specific tab are not listed in the post submission update section of SERFF, these fields cannot be updated once a filing has been submitted. Therefore we cannot change the codes listed on the state specific tab.

### Related Objection 3

Comments: Please provide state specific code of 645 for Non-Grandfathered.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Response 4

#### Comments:

All of these provisions have been implemented.

### Related Objection 4

<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	KFHP CO Small Group		
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

Comments: Regulation 4-2-11 section 6 (E) Please indicate which of the following PPACA benefits your plan has implemented:

Eliminate Annual Dollar Limits on Essential Benefits, Section 2711 of the PHSA/Section 1001 of the PPACA

Eliminate Lifetime Dollar Limits on Essential Benefits, Section 2711 of the PHSA/Section 1001 of the PPACA

Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19, Section 2711 of the PHSA/Section 1201 of the PPACA

Prohibit Rescissions, Section 2712 of the PHSA/Section 1001 of PPACA

Preventive Services, Section 2713 of the PHSA/Section 1001 of the PPACA

Extends Dependent Coverage for Children Until age 26, Section 2714 of the PHSA/Section 1001 of the PPACA

Appeals Process, Section 2719 of the PHSA/Section 1001 of the PPACA

Emergency Services, Section 2719A of the PHSA/Section 10101 of the PPACA

Access to Pediatricians, Section 2719A of the PHSA/Section 10101 of the PPACA

Access to OB/GYNs, Section 2719A of the PHSA/Section 10101 of the PPACA

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Aaron Ekstrom

<b>SERFF Tracking #:</b>	KFHP-129013793	<b>State Tracking #:</b>	277971	<b>Company Tracking #:</b>	2014.01 KFHP CO SG
<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado		
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO				
<b>Product Name:</b>	KFHP CO Small Group				
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates				

## Amendment Letter

Submitted Date: 06/05/2013

Comments:

Please see attached addendum

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	2014.01 Addendum_2013.06.05
<b>Comments:</b>	
<b>Attachment(s):</b>	2014.01 KFHP CO SG Addendum_2013.06.05.pdf

**State:** Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only  
 - HMO  
**Product Name:** KFHP CO Small Group  
**Project Name/Number:** 201401 KFHP CO SG Rates/201401 KFHP CO SG Rates

## Note To Reviewer

**Created By:**

Emmie Munthali on 07/11/2013 07:41 PM

**Last Edited By:**

Emmie Munthali

## Submitted On:

07/11/2013 07:43 PM

**Subject:**

KFHP Small Group 07/05/2013 Objection--Request for Extension

**Comments:**

Given the differences in the status of this objection for the KFHP individual and KPIC filings, we would like to request an extension on the 07/05/2013 KFHP Small Group objection as we would like discuss in more detail and better understand what we need to provide.

Thank you.

**State:** Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only  
 - HMO  
**Product Name:** KFHP CO Small Group  
**Project Name/Number:** 201401 KFHP CO SG Rates/201401 KFHP CO SG Rates

## Note To Filer

**Created By:**

Amy Filler on 07/11/2013 06:38 PM

**Subject:**

## Disregard Objection

**Comments:**

Per our phone call yesterday, please disregard the objection made on 7/5/2013 made by Rachel Plummer.

**State:** Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only  
- HMO  
**Product Name:** KFHP CO Small Group  
**Project Name/Number:** 201401 KFHP CO SG Rates/201401 KFHP CO SG Rates

## Post Submission Update Request Processed On 06/04/2013

Status: Allowed  
Created By: Miranda Ross  
Processed By: Cathy Gilliland  
Comments:

### Company Rate Information:

Company Name: Kaiser Foundation Health Plan of Colorado

Field Name	Requested Change	Prior Value
Overall % Indicated Change	0.000%	
Overall % Rate Impact	0.000%	
Written Premium Change for this Program	\$0	
# of Policy Holders Affected for this Program	0	
Written Premium for this Program	\$0	
Maximum %Change (where required)	0.000%	
Minimum %Change (where required)	0.000%	



SERFF Tracking #:

KFHP-129013793

State Tracking #:

277971

Company Tracking #:

2014.01 KFHP CO SG

State:

Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

KFHP CO Small Group

Project Name/Number:

201401 KFHP CO SG Rates/201401 KFHP CO SG Rates

## Form Schedule

Lead Form Number: SG\_IX\_HMO\_Gold\_0\_30\_EOC(01-14)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Membership Agreement	SG_IX_HMO_Gold_0_30_EOC(01-14)	POL	Initial			
2		Membership Agreement	SG_IX_DHMO_Gold_500_20_EOC(01-14)	POL	Initial			
3		Membership Agreement	SG_IX_DHMO_Silver_1200_35_EOC(01-14)	POL	Initial			
4		Membership Agreement	SG_IX_DHMO_Silver_1500_50_EOC(01-14)	POL	Initial			
5		Membership Agreement	SG_IX_HDHP_Silver_2000_30_EOC(01-14)	POL	Initial			
6		Membership Agreement	SG_IX_DHMO_Bronze_4500_50_EOC(01-14)	POL	Initial			

SERFF Tracking #:

KFHP-129013793

State Tracking #:

277971

Company Tracking #:

2014.01 KFHP CO SG

State: Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

KFHP CO Small Group

Project Name/Number:

201401 KFPCO SG Rates/201401 KFPCO SG Rates

## Lead Form Number: SG\_IX\_HMO\_Gold\_0\_30\_EOC(01-14)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
7		Membership Agreement	SG_IX_HD HP_Bronze _3500_40_ EOC(01-14)	POL	Initial			
8		Membership Agreement	SG_IX_HD HP_Bronze _4500_50% _EOC(01-14)	POL	Initial			
9		Membership Agreement	SG_OX_HM O_Gold_0_ 30_EOC(01-14)	POL	Initial			
10		Membership Agreement	SG_OX_DH MO_Gold_5 00_20_EOC (01-14)	POL	Initial			
11		Membership Agreement	SG_OX_DH MO_Gold_1 500_30_EO C(01-14)	POL	Initial			
12		Membership Agreement	SG_OX_DH MO_Silver_ 1200_35_E OC(01-14)	POL	Initial			

SERFF Tracking #:

KFHP-129013793

State Tracking #:

277971

Company Tracking #:

2014.01 KFHP CO SG

State: Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

KFHP CO Small Group

Project Name/Number:

201401 KFPCO SG Rates/201401 KFPCO SG Rates

## Lead Form Number: SG\_IX\_HMO\_Gold\_0\_30\_EOC(01-14)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
13		Membership Agreement	SG_OX_DH MO_Silver_ 1500_50_E OC(01-14)	POL	Initial			
14		Membership Agreement	SG_OX_HD HP_Silver_2 000_30_EO C(01-14)	POL	Initial			
15		Membership Agreement	SG_OX_HD HP_Silver_2 500_50_EO C(01-14)	POL	Initial			
16		Membership Agreement	SG_OX_DH MO_Bronze _4500_50_ EOC(01-14)	POL	Initial			
17		Membership Agreement	SG_OX_HD HP_Bronze _3500_40_ EOC(01-14)	POL	Initial			
18		Membership Agreement	SG_OX_HD HP_Bronze _4500_50% _EOC(01- 14)	POL	Initial			

<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	KFHP CO Small Group		
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

**Form Type Legend:**

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

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**State:** Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only  
- HMO  
**Product Name:** KFHP CO Small Group  
**Project Name/Number:** 201401 KFHP CO SG Rates/201401 KFHP CO SG Rates

## Rate Justification

**State:** Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only  
 - HMO  
**Product Name:** KFHP CO Small Group  
**Project Name/Number:** 201401 KFHP CO SG Rates/201401 KFHP CO SG Rates

#### Rate Methodology

Experience Used for Rate Setting: KFHP's 2012 SG experience. The Revenue Requirement for 2014 for these new products is developed by accumulating Colorado specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered Small Group business, incurred in 2012. Allowed cost data includes internal costs, fee for service claims, and prescription drug claims. Allowed claims for internal services are used directly as allocated by KFHP's internal data systems, while allowed claims for external expenses are calculated as paid plus member cost sharing.

2012 Experience Period Loss Ratio: 76.5 based upon an average of 69,913 lives enrolled with \$276.8 Million in premium (\$344.71 pmpm).

Annual Health Cost Trends: 6.9 This included Medical Trend of 6.5

and Pharmacy Trend of 9.5

Risk Adjustment: No payments expected from the federal Risk Adjustment Program in 2014).

Smoking Factor: No same rates for smokers and non-smokers at all ages.

Age Rating: 3.0 to 1.0 age rating factor limits for all adults age 21 and over.

Colorado 2014 Overall Average Premium: \$366.16

\* Federal Reported 2014 Comparable Average Premium: \$369.17

\* This is reported on the issuer's CMS URRT Form submitted in HIOS. It represents a standardized average premium calculation that is used by CMS for comparing and gauging premium development. It is not necessarily the actual average premium, which is shown in the line above as Colorado 2014 Overall Average Premium.

#### Premium Retained to Cover Expenses, Taxes Fees and Profits

Administrative costs: Expenses the insurance company pays to operate this insurance plan.

This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability, and taxes.

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Total premium retained is 22.5 shown as follows:

f Premium

Issuer Primary Expense and Profit Retention Retained

Administrative Expenses: 7.50 Medical Management: 3.00 Commissions: 4.50 Capital and Contingency Margin: 3.00 FIT - Federal Income Taxes: 0.00 Investment Income: 0.00 A) Total: 18.00

Retention for Additional Required Taxes, Fees and Assessments

PPACA Reinsurance Fee: 1.41 PPACA Health Insurer Fee 0.65 PPACA Risk Adjustment User Fee: 0.02 PPACA PCORI Fee: 0.05 Exchange user fees: 0.36 Premium Taxes: 0.00 State Income Taxes: 0.00 Charitable Contribution 2.00 B) Total: 4.49

(C) Total Premium Retention For All Purposes (A B): 22.49

(D) Colorado Conventional Loss Ratio (100 C): 77.51

(E) \* Quality Improvement Expenses: 3.10

Federal MLR Loss Ratio Basis: (D E) / (100 B - FIT): 84.40

Sample of Final Premium Levels

Denver Fort Collins Pueblo

**State:** Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only  
 - HMO  
**Product Name:** KFHP CO Small Group  
**Project Name/Number:** 201401 KFHP CO SG Rates/201401 KFHP CO SG Rates

21 Year Old 64 Year Old 21 Year Old 64 Year Old 21 Year Old 64 Year Old

LOW High Low High Low High Low High Low High

Bronze \$184.54 \$223.21 \$553.60 \$669.61 \$175.31 \$212.05 \$525.92 \$636.13 \$221.44 \$267.85 \$664.32 \$803.54

Gold \$267.16 \$298.60 \$801.48 \$895.78 \$253.81 \$283.67 \$761.41 \$850.99 \$320.60 \$358.31 \$961.78 \$1,074.93

Silver \$218.35 \$252.57 \$655.03 \$757.70 \$207.43 \$239.94 \$622.28 \$719.82 \$262.02 \$303.09 \$786.04 \$909.25

#### Division Objections and Rate Changes During the Review Process

The Division objected to small differences in rates of \$1 or less between the rate manual and the rate template. Kaiser corrected their floating rate calculations to use the same fixed factors as contained in the rate manual.

#### Final Rate Filing Disposition

The Division has filed the rates in their final form after all adjustments.

<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	KFHP CO Small Group		
<b>Project Name/Number:</b>	201401 KFHPCO SG Rates/201401 KFHPCO SG Rates		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	File and Use
<b>Rate Change Type:</b>	%
<b>Overall Percentage of Last Rate Revision:</b>	%
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	

## Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):	
Kaiser Foundation Health Plan of Colorado	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%	
Product Type:		HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:									
Policy Holders:									



**State:** Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only  
 - HMO  
**Product Name:** KFHP CO Small Group  
**Project Name/Number:** 201401 KFHP CO SG Rates/201401 KFHP CO SG Rates

## Rate Review Detail

**State:** Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only  
 - HMO  
**Product Name:** KFHP CO Small Group  
**Project Name/Number:** 201401 KFHP CO SG Rates/201401 KFHP CO SG Rates

## COMPANY:

**Company Name:** Kaiser Foundation Health Plan of Colorado  
**HHS Issuer Id:** 21032  
**Product Names:** KP CO Gold 0/30, KP CO Gold 500/20, KP CO Silver 1200/35, KP CO Silver 1500/50, KP CO Silver 2000/30/HSA, KP CO Bronze 4500/50, KP CO Bronze 3500/40/HSA, KP CO Bronze 4500/50%/HSA, KP CO Gold 0/30/Dental, KP CO Gold 500/20/Dental, KP CO Gold HRA 500 1500/30/Dental, KP CO Gold HRA 600 1500/30/Dental, KP CO Gold HRA 700 1500/30/Dental, KP CO Silver 1200/35/Dental, KP CO Silver 1500/50/Dental, KP CO Silver 2000/30/HSA/Dental, KP CO Silver HRA 500 2500/50/HSA/Dental, KP CO Silver HRA 600 2500/50/HSA/Dental, KP CO Silver HRA 700 2500/50/HSA/Dental, KP CO Bronze 4500/50/Dental, KP CO Bronze 3500/40/HSA/Dental, KP CO Bronze 4500/50%/HSA/Dental

**Trend Factors:** The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of Kaiser's expenses are the fixed costs associated with providing medical care through its delivery system including, but not limited to, physicians and support staff FTEs, operating its medical office buildings (MOBs), administrative expenses, and pharmacy delivery. Therefore, the projected cost that is included in the total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given Kaiser's fixed cost structure, Kaiser's projected claims trends fall out of the development of projected budgeted costs.

## FORMS:

**New Policy Forms:** SG\_IX\_HMO\_Gold\_0\_30\_EOC(01-14),  
 SG\_IX\_DHMO\_Gold\_500\_20\_EOC(01-14),  
 SG\_IX\_DHMO\_Silver\_1200\_35\_EOC(01-14),  
 SG\_IX\_DHMO\_Silver\_1500\_50\_EOC(01-14),  
 SG\_IX\_HDHP\_Silver\_2000\_30\_EOC(01-14),  
 SG\_IX\_DHMO\_Bronze\_4500\_50\_EOC(01-14),  
 SG\_IX\_HDHP\_Bronze\_3500\_40\_EOC(01-14),  
 SG\_IX\_HDHP\_Bronze\_4500\_50%\_EOC(01-14),  
 SG\_OX\_HMO\_Gold\_0\_30\_EOC(01-14),  
 SG\_OX\_DHMO\_Gold\_500\_20\_EOC(01-14),  
 SG\_OX\_DHMO\_Gold\_1500\_30\_EOC(01-14),  
 SG\_OX\_DHMO\_Silver\_1200\_35\_EOC(01-14),  
 SG\_OX\_DHMO\_Silver\_1500\_50\_EOC(01-14),  
 SG\_OX\_HDHP\_Silver\_2000\_30\_EOC(01-14),  
 SG\_OX\_HDHP\_Silver\_2500\_50\_EOC(01-14),  
 SG\_OX\_DHMO\_Bronze\_4500\_50\_EOC(01-14),  
 SG\_OX\_HDHP\_Bronze\_3500\_40\_EOC(01-14),  
 SG\_OX\_HDHP\_Bronze\_4500\_50%\_EOC(01-14)

**State:** Colorado **Filing Company:** Kaiser Foundation Health Plan of Colorado  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only  
 - HMO  
**Product Name:** KFHP CO Small Group  
**Project Name/Number:** 201401 KFHP CO SG Rates/201401 KFHP CO SG Rates

Affected Forms:

Other Affected Forms:

**REQUESTED RATE CHANGE INFORMATION:**

Change Period: Annual  
 Member Months: 155,046  
 Benefit Change:  
 Percent Change Requested: Min: Max: Avg:

**PRIOR RATE:**

Total Earned Premium:  
 Total Incurred Claims:  
 Annual \$: Min: Max: Avg:

**REQUESTED RATE:**

Projected Earned Premium: 58,707,000.00  
 Projected Incurred Claims: 45,498,000.00  
 Annual \$: Min: 111.00 Max: 1,130.00 Avg: 379.00

<b>SERFF Tracking #:</b>	KFHP-129013793	<b>State Tracking #:</b>	277971	<b>Company Tracking #:</b>	2014.01 KFHP CO SG
<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado		
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO				
<b>Product Name:</b>	KFHP CO Small Group				
<b>Project Name/Number:</b>	201401 KFHPCO SG Rates/201401 KFHPCO SG Rates				

## Rate/Rule Schedule

<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	KFHP CO Small Group		
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
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SERFF Tracking #:

KFHP-129013793

State Tracking #:

277971

Company Tracking #:

2014.01 KFHP CO SG

State:

Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

KFHP CO Small Group

Project Name/Number:

201401 KFPCO SG Rates/201401 KFPCO SG Rates

1		Rate Manual	SG_IX_HMO_Gold_0_30_EO C(01-14), SG_IX_DHMO_Gold_500_20_ EOC(01-14), SG_IX_DHMO_Silver_1200_3 5_EOC(01-14), SG_IX_DHMO_Silver_1500_5 0_EOC(01-14), SG_IX_HDHP_Silver_2000_30 _EOC(01-14), SG_IX_DHMO_Bronze_4500_ 50_EOC(01-14), SG_IX_HDHP_Bronze_3500_ 40_EOC(01-14), SG_IX_HDHP_Bronze_4500_ 50%_EOC(01-14), SG_OX_HMO_Gold_0_30_EO C(01-14), SG_OX_DHMO_Gold_500_20_ _EOC(01-14), SG_OX_DHMO_Gold_1500_3 0_EOC(01-14), SG_OX_DHMO_Silver_1200_ 35_EOC(01-14), SG_OX_DHMO_Silver_1500_ 50_EOC(01-14), SG_OX_HDHP_Silver_2000_3 0_EOC(01-14), SG_OX_HDHP_Silver_2500_5 0_EOC(01-14), SG_OX_DHMO_Bronze_4500	New		2014.01 KFHP CO SG_Att I_v07.15.pdf,
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<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	KFHP CO Small Group		
<b>Project Name/Number:</b>	201401 KFHPCO SG Rates/201401 KFHPCO SG Rates		

			_50_EOC(01-14), SG_OX_HDHP_Bronze_3500_ 40_EOC(01-14), SG_OX_HDHP_Bronze_4500_ 50%_EOC(01-14)			
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**Kaiser Foundation Health Plan of Colorado  
Colorado: Small Group  
Rating Factors**

**Attachment I-a  
Rating Formula**

**Member Rate Calculation**

Base Rate	a
Trend Factor	b
Geographic Location Factor	c
Plan Design Factor	d
Non-EHB Factor	e
Administrative Factor	f
Age Factor	g
<hr/> Member Rate	<hr/> $h = a * b * c * d * e * f * g$

**Family - Maximum Child**

The rates of each individual member are added together to arrive at a family premium. In computing the family premium, the rates of only the three eldest child dependents under the age of 21 are included. All child dependents age 21 and older are included in the family premium calculation.

**Required Group Premium**

Total group premium is determined by summing the individual and family premiums as determined via the formulas and dependent child caps indicated above.

- \* A penny was subtracted off age 64 and over rates in order for the rates to validate during the SERFF rate template upload.



**Kaiser Foundation Health Plan of Colorado**  
**Colorado: Small Group**  
**Rating Factors**

**Attachment I-b**  
**Index and Quarterly Trend Factor**

<b>Effective Date</b>	<b>Base Rate</b>
1/1/2014	\$297.44

<b>Effective Date</b>	<b>Trend Factor</b>
1/1/2014	1.000
4/1/2014	1.017
7/1/2014	1.034
10/1/2014	1.051

**Kaiser Foundation Health Plan of Colorado**  
**Colorado: Small Group**  
**Rating Factors**

**Attachment I-c**  
**Geographic Rating Factors**

<b>Rating Area</b>	<b>Counties</b>	<b>Factor</b>
Rating Area 1	Boulder	1.000
Rating Area 2	El Paso, Teller	1.100
Rating Area 3	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park	1.000
Rating Area 4	Larimer	0.950
Rating Area 6	Weld	0.950
Rating Area 7	Pueblo	1.200
Rating Area 8	Alamosa, Baca, Bent, Chaffee, Cheyenne, Conejos, Costilla, Crowley, Custer, Fremont, Huefano, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Otero, Prowers, Rio Grande, Saguache	1.200
Rating Area 9	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma	0.950

\* KFHP provides care within its defined service areas. This includes coverage within all or part of the rating areas listed above, and does not necessarily include all counties within each rating area.

**Kaiser Foundation Health Plan of Colorado**  
**Colorado: Small Group**  
**Rating Factors**

**Attachment I-d**  
**Plan IDs**

Plan "Street Name"	Plan IDs	Exchange Offering
KP CO Gold 0/30	21032CO0710001 21032CO0710009 21032CO0710010	On
KP CO Gold 500/20	21032CO0710002 21032CO0710011 21032CO0710012	On
KP CO Silver 1200/35	21032CO0710003 21032CO0710013 21032CO0710015	On
KP CO Silver 1500/50	21032CO0710004 21032CO0710014 21032CO0710016	On
KP CO Silver 2000/30/HSA	21032CO0710005 21032CO0710017 21032CO0710020	On
KP CO Bronze 4500/50	21032CO0710008 21032CO0710023 21032CO0710024	On
KP CO Bronze 3500/40/HSA	21032CO0710006 21032CO0710018 21032CO0710021	On
KP CO Bronze 4500/50%/HSA	21032CO0710007 21032CO0710019 21032CO0710022	On
KP CO Gold 0/30/Dental	21032CO0790001 21032CO0790017 21032CO0790018	Off
KP CO Gold 500/20/Dental	21032CO0790002 21032CO0790019 21032CO0790020	Off
KP CO Gold HRA 500 1500/30/Dental	21032CO0790013 21032CO0790039 21032CO0790042	Off
KP CO Gold HRA 600 1500/30/Dental	21032CO0790014 21032CO0790040 21032CO0790043	Off
KP CO Gold HRA 700 1500/30/Dental	21032CO0790015 21032CO0790041 21032CO0790044	Off
KP CO Silver 1200/35/Dental	21032CO0790003 21032CO0790021 21032CO0790023	Off
KP CO Silver 1500/50/Dental	21032CO0790004 21032CO0790022 21032CO0790024	Off
KP CO Silver 2000/30/HSA/Dental	21032CO0790005 21032CO0790025 21032CO0790028	Off
KP CO Silver HRA 500 2500/50/HSA/Dental	21032CO0790008 21032CO0790031 21032CO0790034	Off
KP CO Silver HRA 600 2500/50/HSA/Dental	21032CO0790009 21032CO0790032 21032CO0790035	Off
KP CO Silver HRA 700 2500/50/HSA/Dental	21032CO0790010 21032CO0790033 21032CO0790036	Off
KP CO Bronze 4500/50/Dental	21032CO0790012 21032CO0790037 21032CO0790038	Off
KP CO Bronze 3500/40/HSA/Dental	21032CO0790006 21032CO0790026 21032CO0790029	Off
KP CO Bronze 4500/50%/HSA/Dental	21032CO0790007 21032CO0790027 21032CO0790030	Off

**Kaiser Foundation Health Plan of Colorado**  
**Colorado: Small Group**  
**Rating Factors**

**Attachment I-e**  
**Allowable Modifiers by Plan: Plan Design Factor**

Name	Factor
KP CO Gold 0/30	0.783
KP CO Gold 500/20	0.750
KP CO Silver 1200/35	0.660
KP CO Silver 1500/50	0.641
KP CO Silver 2000/30/HSA	0.646
KP CO Bronze 4500/50	0.583
KP CO Bronze 3500/40/HSA	0.533
KP CO Bronze 4500/50%/HSA	0.492
KP CO Gold 0/30/Dental	0.798
KP CO Gold 500/20/Dental	0.764
KP CO Gold HRA 500 1500/30/Dental	0.714
KP CO Gold HRA 600 1500/30/Dental	0.714
KP CO Gold HRA 700 1500/30/Dental	0.714
KP CO Silver 1200/35/Dental	0.675
KP CO Silver 1500/50/Dental	0.655
KP CO Silver 2000/30/HSA/Dental	0.660
KP CO Silver HRA 500 2500/50/HSA/Dental	0.584
KP CO Silver HRA 600 2500/50/HSA/Dental	0.584
KP CO Silver HRA 700 2500/50/HSA/Dental	0.584
KP CO Bronze 4500/50/Dental	0.597
KP CO Bronze 3500/40/HSA/Dental	0.547
KP CO Bronze 4500/50%/HSA/Dental	0.506

**Kaiser Foundation Health Plan of Colorado**  
**Colorado: Small Group**  
**Rating Factors**

**Attachment I-f**  
**Allowable Modifiers by Plan: Non-EHB**

<b>Name</b>	<b>Factor</b>
KP CO Gold 0/30	1.00
KP CO Gold 500/20	1.00
KP CO Silver 1200/35	1.00
KP CO Silver 1500/50	1.00
KP CO Silver 2000/30/HSA	1.00
KP CO Bronze 4500/50	1.00
KP CO Bronze 3500/40/HSA	1.00
KP CO Bronze 4500/50%/HSA	1.00
KP CO Gold 0/30/Dental	1.00
KP CO Gold 500/20/Dental	1.00
KP CO Gold HRA 500 1500/30/Dental	1.00
KP CO Gold HRA 600 1500/30/Dental	1.00
KP CO Gold HRA 700 1500/30/Dental	1.00
KP CO Silver 1200/35/Dental	1.00
KP CO Silver 1500/50/Dental	1.00
KP CO Silver 2000/30/HSA/Dental	1.00
KP CO Silver HRA 500 2500/50/HSA/Dental	1.00
KP CO Silver HRA 600 2500/50/HSA/Dental	1.00
KP CO Silver HRA 700 2500/50/HSA/Dental	1.00
KP CO Bronze 4500/50/Dental	1.00
KP CO Bronze 3500/40/HSA/Dental	1.00
KP CO Bronze 4500/50%/HSA/Dental	1.00

**Kaiser Foundation Health Plan of Colorado**  
**Colorado: Small Group**  
**Rating Factors**

**Attachment I-g**  
**Allowable Modifiers by Plan: Administrative Factor**

Name	Factor
KP CO Gold 0/30	1.261
KP CO Gold 500/20	1.261
KP CO Silver 1200/35	1.261
KP CO Silver 1500/50	1.261
KP CO Silver 2000/30/HSA	1.261
KP CO Bronze 4500/50	1.261
KP CO Bronze 3500/40/HSA	1.261
KP CO Bronze 4500/50%/HSA	1.261
 KP CO Gold 0/30/Dental	 1.258
KP CO Gold 500/20/Dental	1.258
KP CO Gold HRA 500 1500/30/Dental	1.258
KP CO Gold HRA 600 1500/30/Dental	1.258
KP CO Gold HRA 700 1500/30/Dental	1.258
KP CO Silver 1200/35/Dental	1.258
KP CO Silver 1500/50/Dental	1.258
KP CO Silver 2000/30/HSA/Dental	1.258
KP CO Silver HRA 500 2500/50/HSA/Dental	1.257
KP CO Silver HRA 600 2500/50/HSA/Dental	1.257
KP CO Silver HRA 700 2500/50/HSA/Dental	1.257
KP CO Bronze 4500/50/Dental	1.257
KP CO Bronze 3500/40/HSA/Dental	1.257
KP CO Bronze 4500/50%/HSA/Dental	1.257

**Kaiser Foundation Health Plan of Colorado**  
**Colorado: Small Group**  
**Rating Factors**

**Attachment I-h**  
**Age Rating Factors**

<b>Attained Age</b>	<b>Factor</b>
20 and Under	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
64	3.000
65 and over	3.000

<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	KFHP CO Small Group		
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

## Supporting Document Schedules

<b>Bypassed - Item:</b>	HR-1 Form (H)
<b>Bypass Reason:</b>	Form no longer required by state
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Consumer Disclosure Form
<b>Bypass Reason:</b>	Initial product filing; threshold not met or exceeded.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	As per discussion with reviewers, three rating areas that are not within the service areas for Kaiser Foundation Health Plan have been removed from the rate filings. The state Excel and PDF version of the Actuarial Memorandum ("Other Factors" section) has been revised to reflect this change.
<b>Attachment(s):</b>	2014.01 KFHP CO SG_Cert.PDF 2014.01 KFHP CO SG Part III ActMemo.pdf 2014.01 KFHP CO SG_Act Memo_v2013.07.15.pdf 2014.01 KFHP CO SG_Act Memo_v2013.07.15.xls
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	2014.01 KFHP CO SG_URRT.xlsm 2014.01 KFHP CO SG_URRT_PDF of Required Excel Submission.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	



<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	KFHP CO Small Group		
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

<b>Satisfied - Item:</b>	Exhibit I
<b>Comments:</b>	
<b>Attachment(s):</b>	2014.01 KFHP CO SG_Ex 1.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Attachment II
<b>Comments:</b>	As per discussion with reviewers, all rating factors are being rounded to three decimal points. The base rate is being rounded to two decimal points. Previously, the base rate and rating factors were unrounded. The revised Attachment II reflects rates based on rounded factors and rounded base rate.
<b>Attachment(s):</b>	2014.01 KFHP CO SG_Att II_v2013.07.16.pdf 2014.01 KFHP CO SG_Att II_v2013.07.16.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Vaughn Index
<b>Comments:</b>	
<b>Attachment(s):</b>	2014.01 KFHP CO SG_Vaughn Index.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	2014.01 Addendum_2013.06.05
<b>Comments:</b>	
<b>Attachment(s):</b>	2014.01 KFHP CO SG Addendum_2013.06.05.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Retention Exhibit
<b>Comments:</b>	
<b>Attachment(s):</b>	2014.01 KFHP CO SG_Fee_Retention_07.11.13.xlsx 2014.01 KFHP CO SG_Fee_Retention_07.11.13.pdf
<b>Item Status:</b>	

<b>SERFF Tracking #:</b>	KFHP-129013793	<b>State Tracking #:</b>	277971	<b>Company Tracking #:</b>	2014.01 KFHP CO SG
<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado		
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO				
<b>Product Name:</b>	KFHP CO Small Group				
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates				
<b>Status Date:</b>					

<b>SERFF Tracking #:</b>	KFHP-129013793	<b>State Tracking #:</b>	277971	<b>Company Tracking #:</b>	2014.01 KFHP CO SG
<hr/>					
<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado		
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO				
<b>Product Name:</b>	KFHP CO Small Group				
<b>Project Name/Number:</b>	201401 KFHPCO SG Rates/201401 KFHPCO SG Rates				

***Attachment 2014.01 KFHP CO SG\_Act Memo\_v2013.07.15.xls is not a PDF document and cannot be reproduced here.***

***Attachment 2014.01 KFHP CO SG\_URRT.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment 2014.01 KFHP CO SG\_Att II\_v2013.07.16.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2014.01 KFHP CO SG\_Fee\_Retention\_07.11.13.xlsx is not a PDF document and cannot be reproduced here.***

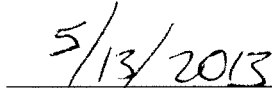
**Kaiser Foundation Health Plan of Colorado**  
**HIOS Issuer ID 21032**  
**Colorado: Small Group**  
Effective Date: January 1, 2014

**ACTUARIAL CERTIFICATION**  
**HIOS Product IDs 21032CO071, 21032CO079**

I relied on others within the company to provide certain data and analyses, as referenced throughout the actuarial memorandum. Steps were taken by me to ensure that the information provided is reasonable and reflects an adequate representation of the information necessary to complete this filing.

I, Aaron Ekstrom, am an Actuarial Director for Kaiser Foundation Health Plan for Colorado. I am a member of the American Academy of Actuaries and I meet the qualification standards of the American Academy of Actuaries to render the actuarial opinion contained herein. Based on information provided to me by KFHP, I hereby certify that, to the best of my knowledge and belief, the proposed rates are not excessive or inadequate and, except as noted in Appendix I, not unfairly discriminatory when given the total KFHP small group benefit offering and product portfolio.

  
Aaron D Ekstrom, FSA, MAAA  
Actuarial Director

  
Date

**Kaiser Foundation Health Plan of Colorado**  
**Colorado: Small Group**  
Effective Date: January 1, 2014

**ACTUARIAL MEMORANDUM**  
**HIOS Issuer ID 21032**  
**HIOS Product IDs 21032CO071, 21032CO079**

**A. General Information**

This memorandum and the accompanying exhibits represent documentation to support the filing of new product rates for Kaiser Foundation Health Plan of Colorado's (KFHP) small group products, effective January 1, 2014 to be sold on and off the Colorado State Exchange. This rate filing applies to forms that are open to new sales including single, family and child only contracts and does not cover products that existed prior to 2014. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of premium rates for all quarters of 2014. The latest effective date for which a rate increase is being submitted is 10/1/2014. The discussion within this actuarial memorandum is limited to the information contained in the federal Uniform Rate Review Template being submitted in conjunction with this memorandum.

As of January 1, 2014, KFHP will be introducing new products to comply with current and developing Federal and State requirements as indicated through the Affordable Care Act (ACA) and corresponding regulations and interpretations.

KFHP provides HMO coverage throughout its Denver/Boulder, Colorado Springs, Pueblo, and Northern Colorado service areas. KFHP markets and issues their plans through brokers, internet, and direct sales, including on and off the Colorado State Exchange. Member-level premiums for any given plan vary by geographic location and member demographics. The rates of each individual member are added together to arrive at a family premium. In computing the family premium, the rates of only the three eldest child dependents under the age of 21 are included. Premiums are compliant with the 3:1 age requirement.

Products referenced herein cover the required Essential Health Benefits (EHB). KFHP is not including any benefit substitutions in its plans. Pediatric Dental coverage is included with off exchange offerings.

I, Aaron Ekstrom, Actuarial Director for Kaiser Foundation Health Plan, Inc. (Kaiser) am a member of the American Academy of Actuaries. I am the primary contact for submission of this filing. My telephone number is 303-306-2672 and my email address is [Aaron.D.Ekstrom@kp.org](mailto:Aaron.D.Ekstrom@kp.org).

**B. Proposed Rate Increases**

This filing is for the introduction of new products and therefore no rate increases are being proposed effective 1/1/2014. Rates are being trended quarterly for the rest of 2014 at an annual trend rate of 6.9%.

**C. Experience Period Premium and Claims**

Calendar year 2012 allowed costs were used as the starting point for development of the market-wide index rate. Due to the timing of the submission, the data included is for medical costs incurred between 1/1/2012 and 12/31/2012, and paid through 12/31/2012.

*Base period data:*

The Revenue Requirement for 2014 for these new products is developed by accumulating Colorado specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered Small Group business, incurred and paid in the period January 2012 through December 2012 including the incurred but not reported estimates. Allowed cost data includes internal costs, fee for service claims, and

prescription drug claims. Allowed claims for internal services are used directly as allocated by KFHP's internal data systems, while allowed claims for external expenses are calculated as paid plus member cost sharing. Earned premiums represent the dues paid by members for coverage during the experience period. No rebates were payable during the experience period.

*Incurred Estimates:*

A common reserve tool developed and maintained by Kaiser Actuarial Services is used to set Kaiser's IBNR reserves. Kaiser's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels have been set for internal, external and pharmacy categories, for allowed costs, utilization per thousand, and external cost sharing amounts. The completion factors used to complete the base period external claims are taken from Kaiser's overall commercial line of business. The claims are incurred and paid in 2012 so a 12/12 completion factor is used.

*Benefit Categories:*

The benefit categories in Section II of Worksheet I of the URRT are mapped within KFHP's internal data systems based on type of service and place of treatment codes. For example:

<u>Benefit Category</u>	<u>Services</u>
Inpatient Hospital	Inpatient Facility, Hospital Inpatient – Maternity, Hospital Inpatient – Non Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Cardiovascular, PT/OT/ST, Chemotherapy, Dialysis
Professional	Diagnostic Services, Office Visits, Professional portion of: Inpatient Visits, Outpatient Surgery, Cardiovascular, PT/OT/ST, Chemotherapy, Dialysis
Other Medical	Other Services
Capitation	None (experience period); Pediatric Dental (projection period)
Prescription Drug	Pharmacy

**D. Projection Factors**

Changes in the Morbidity of the Population Insured:

The morbidity adjustment in worksheet I of the URRT reflects the discontinuation of business groups of one in the small group market. Reliance has been placed upon work performed by others within the company to develop membership projections. Expected morbidity levels for business groups of one and all other small group have been established using 2012 allowed costs, normalized for age and expected utilization due to benefit design.

Other Adjustments:

*Non-EHB:*

An adjustment has been made the base period allowed amount to remove the Non-EHB since new products may only include EHB. To develop this multiplier, historical experience was pulled by detailed service category. The service categories were bucketed based upon EHB definitions; line items deemed non-EHB (e.g., acupuncture, adult vision exams) were aggregated and removed from the total. The remaining EHB amount was divided by the total in order to determine the historical EHB percentage.

*Product/Network Adjustment:*

KFHP will not be offering POS products in 2014. Prior POS plans were jointly offered by KFHP and Kaiser Permanente Insurance Company (KPIC). KFHP was responsible for benefits in Tier 1 while KPIC was responsible for Tier 2 and Tier 3, as applicable per product design. For 2014, POS has been removed from experience using a product/network adjustment.

*Utilization copayment effect adjustment:*

Allowed claims are adjusted for anticipated changes in the average utilization of services due to average cost sharing requirements in the projection period compared to the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share

environment. To account for differences in expected utilization due to different plan designs in the projection period and in the base period, an estimate based upon industry standard factors has been made at the plan level to adjust the base period data to what is expected under the new plan designs.

*Demographic and Geographic Area Normalization:*

Differences in expected average age and area of the population are also applied to the base period claims experience to project 2014 experience. An experience period average age was derived by applying 2012 member months to the CMS age factors. No material adjustments have been assumed regarding 2014 demographics for this business line. Average area factor adjustments were made based upon 2012 membership distribution by geographic area compared to expected 2014 membership distribution by area. The distributions were applied to the proposed geographic rating factors.

*Trend Factors:*

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of Kaiser's expenses are the fixed costs associated with providing medical care through its delivery system including, but not limited to, physicians and support staff FTEs, operating its medical office buildings (MOBs), administrative expenses, and pharmacy delivery. Therefore, the projected cost that is included in the total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given Kaiser's fixed cost structure, Kaiser's projected claims trends fall out of the development of projected budgeted costs. For 2012 to 2014, the projected total annual benefit expense trend of 6.9% has been assumed based upon regional revenue requirements and analysis of prior Kaiser experience. For medical, the average cost and average utilization components have been assumed at 5% and 1.4%, respectively while for pharmacy, 8% and 1.4% have been assumed.

**E. Credibility Manual Rate Development**

Based upon the Colorado standard of 2,000 life years, it is assumed that this block is fully credible. Due to the way the URRT has been built, if the experience period capitation amount is \$0, capitation amounts cannot be reflected within the projection period. Because of this, the manual rate section is not being used in the traditional manner and instead has been populated in order to reflect a new capitation arrangement that did not exist during the experience period. As a work-around, the manual rate section has been set equal to the experience-based projection utilization/1000 and cost/service amounts for all service categories except capitation. The capitation section has been populated based upon an arrangement with Delta Dental to provide embedded pediatric dental benefits for Kaiser's off exchange products. This capitation amount has been included in the index rate as a bottom line adjustment based upon the expected number of children enrolled in plans with pediatric dental and the capitation rate that Kaiser will pay Delta Dental.

**F. Paid to Allowed Ratio**

The Paid to Allowed Average Factor in Projection Period in Section III of Worksheet I is a composite of the plan factors (paid compared to 100% coverage allowed) and utilization copayment effect factors (allowed compared to 100% coverage allowed) for the new plans in Worksheet II. Paid to allowed factors were calculated as the ratio of the plan factor to the utilization copayment effect factor in order to obtain expected paid compared to expected allowed for each plan. The composite factor was calculated as a weighted average of the new plans based on projected members discussed below. The development of the plan factor for each plan is discussed in the "Plan Factor Development" below.

## **G. Risk Adjustment and Reinsurance**

### *Risk Adjustment:*

The resulting projected 2014 average incurred cost amount is adjusted to reflect the risk adjustment payments anticipated in the rating period based on the expected risk profile relative to the market. Discussion of the development of changes in the morbidity of the Kaiser risk pool can be found above in the Changes in the Morbidity of the Population Insured section. The relative morbidity of the current Kaiser small group risk pool compared to the market has been developed in consideration of data from a statewide study performed by an independent actuarial consulting firm. It is assumed that the Kaiser risk pool is comparable to the market and therefore no risk adjustment is being assumed in rating.

### *Reinsurance:*

This section is blacked out when “small group” is selected as the market in the URRT. Therefore, reinsurance fees are included below in the taxes and fees section.

## **H. Non-Benefit Expenses and Profit & Risk**

### *Administrative Expense Load:*

Retention includes broker commissions, administrative expenses, and medical management expenses. The capital contribution is an amount to maintain and expand medical center facilities where members receive the majority of health care in the Kaiser Foundation Health Plan. As a group model HMO, KFHP owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments whereas for Kaiser, these are funded through premium rates.

### *Taxes and Fees:*

This line item reflects the PCORI fee, the insurer tax, risk adjustment fees, reinsurance fees, and exchange fees that will apply in 2014. The exchange fee impact has been determined by applying the 1.4% of premium amount to expected exchange membership only, then spreading this amount to all plans, on and off exchange. The taxes and fees line item also reflects 2.0% direct community benefit investment that KFHP, as a not-for-profit health plan, can subtract from premium in the federal MLR calculation in place of premium tax.

## **I. Projected Loss Ratio**

Under the state of Colorado’s definition, the projected loss ratio is expected to be 77.5%. Due to the allowable adjustments to calculate the loss ratio under the federally prescribed MLR method, premiums used to develop the state projected loss ratio will be reduced by the PCORI fee, the insurer tax, risk adjustment fee, exchange fee, reinsurance fee and the direct community benefit investment. The resulting MLR is expected to be at minimum 81%.

Since KFHP is an integrated health care delivery model that not only provides insurance coverage but also provides for the medical care of its members, many expenses that are incurred can be partially attributed to administrative expense and partially to medical expense. As such, additional considerations (e.g., GAAP vs. statutory accounting principles) are taken into account for the establishment of claims and quality improvement expenses for the federally prescribed MLR. These considerations are expected to increase the MLR to mid-80%.

## **J. Index Rate**

The experience period index rate is the experience period allowed costs, as described in Section C above, times the non-EHB multiplier, described in Section D above. To develop this multiplier, historical experience was pulled by detailed service category. The service categories were bucketed based upon EHB definitions; line items deemed non-EHB (e.g., acupuncture, adult vision exams) were aggregated and



removed from the total. The remaining EHB amount was divided by the total in order to determine the historical EHB percentage.

The projected period index rate was then developed by applying all the other projection factors discussed in Section D. Note that because small group rates will be trended quarterly, a weighted average of the four different index rates in place in 2014 has been calculated and is shown as the projected period index rate in the URRT. Because the projected period allowed cost value reflects calendar year 2014 costs assuming all groups are on a calendar year contract, this value is lower than what is shown as the projected period index rate.

The January 2014 index rate was then adjusted by applying the average utilization copayment adjustment for all plans offered in 2014 in order to true up utilization to what would be expected under a situation of 100% coverage since the reference plan used as the basis for the AV pricing values is a \$0 cost share plan.

As described in sections above, adjustments were applied to the projected index rate for expected risk adjustment impacts and fees, net reinsurance recoveries, and exchange fees. Plan level adjustments are then applied to reflect the following:

- The actuarial value and cost sharing design of the plan
- Administrative costs, excluding Exchange user fees and reinsurance and risk adjustment fees

Administrative costs for medical benefits were developed at an aggregate level for all plans based on historical administrative cost PMPMs trended to 2014, taking into account any expected changes in costs. These were then blended with administrative loads for pediatric dental benefits that Kaiser is embedding in off exchange plans at the plan level to reflect different administrative costs for plans with and without embedded pediatric dental.

#### **K. AV Metal Values**

The AV Calculator was used to determine all AV Metal Values shown in Worksheet 2 of the URRT.

#### **L. AV Pricing Values**

The rates for specific plans are calculated by multiplying plan factors times the adjusted index rate as described in the prior section. The plan factors use industry standard data in a model from an independent national actuarial consulting firm, calibrated to KFHP Colorado experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. Therefore, these plan factors reflect both member cost share and the resulting dampening of expected utilization due to those cost shares. The underlying population within the model is a standard population of KFHP Colorado membership; this same population was used to calculate plan factors for all plan designs.

The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

#### **M. Membership Projections**

Reliance has been placed upon work performed by others within the company to develop membership projections. The 2014 enrollment projections were developed based upon historical health plan enrollment trends, the anticipated competitiveness of KFHP premiums relative to other carriers in market, the expected impacts of the ACA legislation--e.g. increased regulation, greater standardization of benefit plans, premium tax credits and cost-sharing reductions, etc.--and the projected size of the commercial Individual and Small Group market on and off of the exchange. For purposes of calculating average benefit and copay utilization effect factors for Worksheet 1 of the URRT, projected membership distribution by plan has been used. This distribution is based upon expected purchase patterns and is not

based on any mapping of current members. As small groups and their member are able to enroll throughout the year, only expected calendar year 2014 exposure has been reflected.

**N. Terminated Products**

All products offered prior to 1/1/2014 will be terminated effective 1/1/2014. The terminated products are the “HMO” product with a Product ID of 21032CO038 and the “POS” product with a Product ID of 21032CO039.

**O. Plan Type**

Plan type HMO, which adequately describes the plans being offered, has been selected for all plans. In addition, plan type POS has been selected for certain terminated plans.

**P. Warning Alerts**

The following warning alerts are occurring in the URRT:

- Cell A82 contains a warning because the projected premium on Worksheet 2 does not exactly match the projected premium on Worksheet 1. The difference of <0.05% is considered within a reasonable bound.
- A warning regarding worksheet 1, Market Experience Index Rate For Projection Period (Cell V44) must be less than or equal to Projected Allowed Experience Claims PMPM (w/applied credibility if applicable), After Credibility Total (Cell V32). Because rates are trending quarterly, this will not be the case.
- There are warnings regarding the values in cells J24:J27 & J29 on Worksheet 1. The warning states that the values in these cells must be greater than 0; however, the value of 0.995 in these cells is greater than 0.
- There are warnings regarding the values in cells K24:K27 & K29 on Worksheet 1. The warning states that the values in these cells must be greater than 0; however, the value of 0.977 in these cells is greater than 0.
- There are two warnings stating that no historical rate increase data has been entered in rows 21-23 for the product “HMO” (with Product IDs 21032CO071 and 21032CO079). These are newly introduced products and therefore do not have historical rate increase information.

**Q. Effective Rate Review Information**

Colorado has been deemed to have an effective rate review program. Colorado has additional requirements that have been addressed in the submission to the state. Please refer to the Colorado actuarial memorandum and associated exhibits for additional information and support of the rates being submitted.

**R. Reliance**

I relied on others within the company to provide certain data and analyses, as referenced throughout this memorandum. Steps were taken by me to ensure that the information provided is reasonable and reflects an adequate representation of the information necessary to complete this filing.

## S. Actuarial Certification

I, Aaron Ekstrom, am an Actuarial Director for Kaiser Foundation Health Plan of Colorado. I am a member of the American Academy of Actuaries and I meet the qualification standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

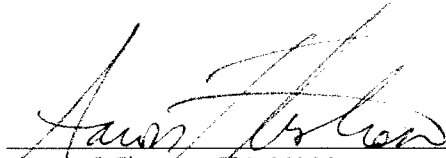
Based on information provided to me by KFHP and KPIC, I hereby certify that, to the best of my knowledge and belief:

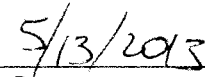
The development of the index rate complies with the applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and has been done in accordance with applicable Actuarial Standards of Practice. The KFHP market-wide index rate is reasonable in relation to the benefits being provided and the population anticipated to be covered and is neither excessive nor deficient.

The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

The AV Calculator was used to determine all AV Metal Values shown in Worksheet 2 of the URRT, using the best assumptions as to how to enter benefits into the calculator as established within Kaiser Permanente's Actuarial Services Department.

  
\_\_\_\_\_  
Aaron D Ekstrom, FSA, MAAA  
Actuarial Director

  
\_\_\_\_\_  
Date

ACTUARIAL MEMORANDUM

Pursuant to Colorado Regulation 4-2-11 Section 6, rate filings must contain an Actuarial Memorandum. The Division of Insurance developed this template Memorandum, to reduce the number of returned incomplete filings. For additional information and table General filing requirements, Actuarial Certification requirements, and submission requirements are identified in Section 5 of Colorado Regulation 4-2-11. For requirements by line of business, see Section 7 of this regulation. Rate filings submitted without ALL requirements of the regulations could be disapproved or rejected by the Colorado Division of Insurance.

Company:	Kaiser Foundation Heath Plan of Colorado
State & Business Line	Colorado: Small Group
NAIC #:	95669
SERFF Filing #:	KFHP-129013793
SERFF Binder Filing #:	KFHP-CO14-125001152

A: SUMMARY	
1. Reason(s):	This memorandum and the accompanying exhibits represent documentation to support the filing of new product rates for Kaiser Foundation Health Plan of Colorado’s (KFHP) small group products, effective January 1, 2014 to be sold on and off the Colorado State Exchange. This rate filing is to comply with current and developing Federal and State requirements as indicated by the Affordable Care Act (ACA) and corresponding regulations and interpretations. This filing applies to forms that are open to new sales including single, family and child only contracts and does not cover products that existed prior to 2014. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of premium rates for all quarters of 2014. The discussion within this actuarial memorandum is limited to the information included in this Excel file, the attached Exhibits 1-9, Appendices 1-2, the federal Uniform Rate Review Template, and Attachments I & II being submitted in conjunction with this memorandum.
2. Requested Rate Action:	N/A - Initial Product Filing.
3. Marketing method(s):	KFHP markets and issues their plans through brokers, internet, and direct sales, including on and off the Colorado State Exchange
4. Premium Classification(s):	Member-level premiums for any given plan vary by geographic location and member demographics. The rates of each individual member are added together to arrive at a family premium. In computing the family premium, the rates of only the three eldest child dependents under the age of 21 are included. Premiums are compliant with the 3:1 age requirement. <u>KFHP will not be implementing tobacco use rating at this time for its small group business.</u> KFHP provides HMO coverage throughout its Denver/Boulder, Colorado Springs, Pueblo, and Northern Colorado service areas. Products referenced herein cover the required Essential Health Benefits (EHB) as defined under the ACA:  1. Ambulatory patient services 2. Emergency services 3. Hospitalization 4. Maternity and newborn care 5. Mental health and substance use disorder services, including behavioral health treatment 6. Prescription drugs 7. Rehabilitative and habilitative services and devices 8. Laboratory services 9. Preventive and wellness services and chronic disease management 10. Pediatric services, including oral and vision care  Regarding item #10, Pediatric Dental coverage is included within the Off Exchange product offerings only.
5. Product Description(s):	KFHP is not including any benefit substitutions in its plans nor including any benefits above the EHB requirements.
6. Policy/Rider Impacted:	Please see "Forms" tab
7. Age Basis:	Premiums are charged on a renewal age basis
8. Renewability provision:	Guaranteed Renewable
Additional Information:	Benefit ratios as developed on a state requirement are not necessarily comparable to the federal definition of medical loss ratio per the ACA and resulting regulations. In addition to this Actuarial Memorandum, please refer to the “Part III Actuarial Memorandum” for additional details and further discussion regarding the Federal Uniform Rate Review Template.

B. ASSUMPTION, MERGER OR ACQUISITION	
1. Is product part of assumption, acquisition, or merger (from or with another company)?	No
Assumption:	
Acquisition:	
Merger:	
2. If yes, provide name of company(s):	
3. Closing Date of assumption, merger or acquisition:	
Additional Information:	

C. RATING PERIOD	
Proposed Effective Date: (may not say "upon approval")	1/1/2014
Rating Period:	Rate are effective for 12 months. Quarterly increases to the index rate will be applied.
Rating Period Dates:	1/1/2014 - 12/31/2014

D. EFFECT OF LAW CHANGES	
Identify and quantify changes resulting from mandated benefits and other law changes:	N/A
Additional Information:	

E. RATE HISTORY	
Provide rate changes made in at least the last three years (If available)	N/A (Initial Filing)
F: COORDINATION OF BENEFITS	
<b>Provides actual loss experience net of any savings:</b>	The rating methodology uses actual experience that is net of any collection of coordination of benefit amounts, and therefore results in an equitable reduction in premiums for all policyholders.
<b>Additional Information:</b>	
G. RELATIONSHIP OF BENEFITS TO PREMIUM	
Description	Percentage
Commissions	4.5%
General expenses	7.5%
Medical Management	3.0%
PPACA Fees	2.1%
Exchange Fees	0.4%
Direct Community Charitable Contribution	2.0%
Capital and Contingency Margin	3.0%
Other	0.0%
<b>Total Retention:</b>	22.5%
<b>Targeted Loss Ratio:</b>	77.5%
<b>Additional Information:</b>	<p>Retention includes broker commissions, administrative expenses, medical management expenses, and capital contribution. The capital contribution is an amount to maintain and expand medical center facilities where members receive the majority of health care in the Kaiser Foundation Health Plan. As a group model HMO, KFHP owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments whereas for Kaiser, these are funded through premium rates.</p> <p>Retention also includes the following ACA-related taxes that will apply in 2014: the PCORI fee, the insurer tax, risk adjustment and reinsurance fees, and exchange fees. Risk adjustment, reinsurance, and exchange fees have all been incorporated into the base rate development, whereas the PCORI fee and the insurer tax have been included in the plan level retention adjustment. Please refer to Exhibit 9 for additional information. Also included in retention is KFHP’s direct community benefit investment, as required in order to maintain its status as a not-for-profit health plan.</p> <p>It is expected that KFHP will meet the requirements of the federally defined medical loss ratio. The expense loading reflects the operating methods of the company and its anticipated expenses in Colorado. Please see Appendix II for a discussion of administrative expenses included here compared to the annual statement.</p>
H. Capital and Contingency Margin	
<b>1. Capital and Contingency Margin</b>	3%
<b>2. Proposed load in excess of 7% after tax.</b>	
<b>Provide detailed support:</b>	The target capital and contingency margin for 2014 is 3.0% for this block of business. The capital contribution is an amount to maintain and expand medical center facilities where members receive the majority of their health care services. KFHP does not have investment income attributable to unearned premium reserves, reserves from incurred losses, and reserves from incurred but not reported losses, and therefore it is not considered in the ratemaking process.
<b>Additional Information:</b>	
I. DETERMINATION OF PROPOSED RATES	
Include all underlying rating assumptions, with detailed support for each assumption. This explanation may be on an aggregate expected loss basis or as a per-member-per-month (PMPM) basis. (this can be attached with support in a pdf document)	
<b>1. Explain, in detail, how rates and/or rate changes were developed:</b>	<p>The following addresses development of the index rate as summarized in Exhibit 1. As indicated in Section K, full credibility has been assumed on the base experience.</p> <p>Calendar year 2012 allowed costs were used as the starting point for development of the market-wide index rate. Due to the timing of the submission, the data included is for medical costs incurred between 1/1/2012 and 12/31/2012, and paid through 12/31/2012.</p> <p>Base period data: The Revenue Requirement for 2014 for these new products is developed by accumulating Colorado specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered small group business, incurred and paid in the period January 2012 through December 2012 including the incurred but not reported estimates. Allowed cost data includes internal costs, fee for service claims, and prescription drug claims. Allowed claims for internal services are used directly as allocated by KFHP’s internal data systems, while allowed claims for external expenses are calculated as paid plus member cost sharing. Note, costs do not include interest and penalty experience due to regional implementation of a new claim adjudication system mid-2011. Earned premiums represent the dues paid by members for coverage during the experience period. No rebates were payable during the experience period.</p> <p>Incurred Estimates: A common reserve tool developed and maintained by Kaiser Actuarial Services is used to set Kaiser’s IBNR reserves. Kaiser’s common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels have been set for internal, external and pharmacy categories, for allowed costs, utilization per thousand, and external cost sharing amounts. The completion factors used to complete the base period external claims are taken from Kaiser’s overall commercial line of business. The claims are incurred and paid in 2012 so a 12/12 completion factor is used.</p> <p>Adjustments to Base Period Allowed</p>

2. Provide adequate support for all assumptions and methodologies used:	<p>Non-EHB</p> <p>An adjustment has been made to the base period allowed amount to remove the Non-EHB from the Index Rate. To develop this multiplier, historical experience was pulled by detailed service category. The service categories were bucketed based upon EHB definitions; line items deemed non-EHB (e.g., acupuncture, adult vision exams) were aggregated and removed from the total. The remaining EHB amount was divided by the total in order to determine the historical EHB percentage.</p> <p>This 2012 allowed amount for essential health benefits is considered the experience period index rate. Following is discussion of additional adjustments that have been made to the experience period index rate to project the 2014 index rate.</p> <p>Trend</p> <p>An annual trend assumption of 6.9% was applied from the base period to the projection period. Please refer to Section J. for additional details.</p> <p>Product/Network Adjustment:</p> <p>KFHP will not be offering POS products in 2014. Prior POS plans were jointly offered by KFHP and Kaiser Permanente Insurance Company (KPIC). KFHP was responsible for benefits in Tier 1 while KPIC was responsible for Tier 2 and Tier 3, as applicable per product design. For 2014, POS has been removed from experience using a product/network adjustment.</p> <p>Utilization copayment effect adjustment</p> <p>Allowed claims are adjusted for anticipated changes in the average utilization of services due to average cost sharing requirements in the projection period compared to the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. To account for differences in expected utilization due to different plan designs in the projection period and in the base period, an estimate based upon industry standard factors has been made at the plan level to adjust the base period data to what is expected under the new plan designs. These adjustments are documented in Exhibit 2.</p>
	<p>Demographic and Geographic Area Normalization</p> <p>Differences in expected average age and area of the population are also applied to the base period claims experience to project 2014 experience. An experience period average age was derived by applying 2012 member months to the CMS age factors. 2012 membership distribution by age is summarized in Exhibit 8. No material adjustments have been assumed regarding 2014 demographics for this business line. Average area factor adjustments were made based upon 2012 membership distribution by geographic area compared to expected 2014 membership distribution by area. The distributions were applied to the proposed geographic rating factors. Please refer to Exhibit 3 for these distributions.</p> <p>Changes in Morbidity</p> <p>The morbidity adjustment reflects the discontinuation of business groups of one in the small group market. Reliance has been placed upon work performed by others within the company to develop membership projections. Expected morbidity levels for business groups of one and all other small group have been established using 2012 allowed costs, normalized for age and expected utilization due to benefit design. The development of this factor along with the documentation of assumptions is included in Exhibit 4.</p> <p>Pediatric dental</p> <p>KFHP will be offering embedded pediatric dental in its off exchange plans. This coverage is provided by Delta Dental; a capitation amount has been provided to KFHP and incorporated into the index rate. Please refer to Exhibit 5 for additional information.</p> <p>The resulting projected allowed cost PMPM for coverage which includes only EHB is the projected period index rate.</p> <p>Adjustments to the Index Rate</p> <p>Risk Adjustment, Reinsurance, and Exchange Fees:</p> <p>An adjustment is made to the index rate to reflect risk adjustment payments anticipated in the rating period based on the expected risk profile relative to the market. Exhibit 4 documents the development of this risk adjustment factor. A market-wide adjustment is also made to reflect the fees associated with the risk adjustment and reinsurance programs. Exhibit 6 illustrates the development of this adjustment, as well as the development of the Exchange fee multiplier, also applied to the market-wide index rate.</p>
	<p>Normalization:</p> <p>Additional factors are then applied to the adjusted index rate in order to normalize it to a base rate reflecting all 1.0 rating factors so that these factors can be applied in order to develop individual rates. This normalization includes applying an average utilization copayment adjustment for all plans offered in 2014 in order to true up utilization to what would be expected under a situation of 100% coverage since the reference plan used as the basis for the AV pricing values is a \$0 cost share plan. Additional normalization factors are age (Exhibit 8), area (Exhibit 3), and the contract limit of 3 children adjustment (Exhibit 7), all applied in order to normalize to factors of 1.0.</p> <p>Plan Level Adjustments:</p> <p>Plan level adjustments are then applied to the adjusted, normalized index rate to reflect the following:</p> <ul style="list-style-type: none"><li>• The actuarial value and cost sharing design of the plan</li><li>• Administrative costs, excluding Exchange user fees and reinsurance and risk adjustment fees</li></ul> <p>Medical plan factors have been developed using industry standard data in a model from an independent national actuarial consulting firm, calibrated to KFHP Colorado experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. Therefore, these plan factors reflect both member cost share and the resulting dampening of expected utilization due to those cost shares. The underlying population within the model is a standard population of KFHP Colorado membership; this same population was used to calculate plan factors for all plan designs. Resulting medical plan factors were then blended with pediatric dental factors in order to reflect differences for plans with and without pediatric dental coverage. Please refer to Exhibit 9 for additional information.</p> <p>As discussed above, administrative costs for medical benefits were developed at an aggregate level for all plans based on historical administrative cost PMPMs trended to 2014, taking into account any expected changes in costs. These were then blended with administrative loads for pediatric dental benefits at the plan level to reflect different administrative costs for plans with and without embedded pediatric dental. Please refer to Exhibit 9 for additional information.</p>

J. TREND	
Additional support and information must be provided on the "Historical Trend" and "Normalized Trend" tabs	
Itemized trend component	Trend (%)
MEDICAL TREND (total)	6.5%
PHARMACEUTICAL TREND (total)	9.5%
TOTAL AVERAGE ANNUALIZED TREND (required)	6.9%
Additional information:	<p>The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of Kaiser's expenses are the fixed costs associated with providing medical care through its delivery system including, but not limited to, physicians and support staff FTEs, operating its medical office buildings (MOBs), administrative expenses, and pharmacy delivery. Therefore, the projected cost that is included in the total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given Kaiser's fixed cost structure, Kaiser's projected claims trends fall out of the development of projected budgeted costs. For 2012 to 2014, the projected total annual expense trend of 6.9% has been assumed based upon regional revenue requirements and analysis of prior Kaiser experience.</p> <p>For reference, historical trend experience has been included in additional tabs reflecting allowed and normalized data. Note, due to date limitations the jointly offered KFHP of CO / KPIC POS experience is not included. Membership in these products was &lt;=1% at peak and averaged &lt;0.1% for 2012.</p>



K. CREDIBILITY	
1. Credibility Percentage (Colorado Only):	100%
The above credibility percentage is based upon:	Life Years & Claims
Other (please specify)	
2. Number of years of data used to calculate above credibility percentage:	1
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable.	Base membership exposure and claim counts exceed 2000.
Additional Information: (including collateral data, if used)	

L. DATA REQUIREMENTS	Please see tab "Data Requirements"
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M. SIDE-BY-SIDE COMPARISON	N/A; please see Section O.
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N. BENEFITS RATIO PROJECTIONS	Please see "Projected Benefits Ratio"
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O. OTHER FACTORS	
Identify and provide support for other rating factors and definitions, including area factors, age factors, gender factors, etc.:	Please see tab "Other Rating Factors"
Additional Information:	<p>The enclosed Attachments I-a through I-h contain all applicable rating factors and rating formulas. The factors discussed below can also be found in the “Other Rating Factors” tab of this memorandum. Note that due to the ways in which the binder templates work, multiple plan IDs needed to be created for every benefit plan. For reference, Attachment I-d includes a mapping from plans to the HIOS Plan IDs that are required to be used in the URRT.</p> <p>Area Factors: The area factor table used to develop area specific rates was determined from company experience normalized for risk scores and demographic adjustments. Please see Appendix I-a and I-b for additional details.</p> <p>Age Factors: The age factor table used to develop age specific rates is the standard table provided by CMS and required in the state of Colorado.</p> <p>Quarterly Trend Factors: The index rate will increase each quarter at the annual trend rate previously indicated.</p>

**A: SUMMARY 6. Policy/Rider Impacted:**

PLAN MARKETING NAME	Exchange	2014 EVIDENCE OF COVERAGE (EOC) DOCUMENT FOOTER/NAME
SG KP CO Gold 0/30	On	SG IX HMO Gold 0 30 EOC(01-14)
SG KP CO Gold 500/20	On	SG IX DHMO Gold 500 20 EOC(01-14)
SG KP CO Silver 1200/35	On	SG IX DHMO Silver 1200 35 EOC(01-14)
SG KP CO Silver 1500/50	On	SG IX DHMO Silver 1500 50 EOC(01-14)
SG KP CO Silver 2000/30/HSA	On	SG IX HDHP Silver 2000 30 EOC(01-14)
SG KP CO Bronze 4500/50	On	SG IX DHMO Bronze 4500 50 EOC(01-14)
SG KP CO Bronze 3500/40/HSA	On	SG IX HDHP Bronze 3500 40 EOC(01-14)
SG KP CO Bronze 4500/50%/HSA	On	SG IX HDHP Bronze 4500 50% EOC(01-14)
SG KP CO Gold 0/30/Dental	Off	SG OX HMO Gold 0 30 EOC(01-14)
SG KP CO Gold 500/20/Dental	Off	SG OX DHMO Gold 500 20 EOC(01-14)
SG KP CO Gold HRA 1500/30/Dental	Off	SG OX DHMO Gold 1500 30 EOC(01-14)
SG KP CO Silver 1200/35/Dental	Off	SG OX DHMO Silver 1200 35 EOC(01-14)
SG KP CO Silver 1500/50/Dental	Off	SG OX DHMO Silver 1500 50 EOC(01-14)
SG KP CO Silver 2000/30/HSA/Dental	Off	SG OX HDHP Silver 2000 30 EOC(01-14)
SG KP CO Silver HRA 2500/50/HSA/Dental	Off	SG OX HDHP Silver 2500 50 EOC(01-14)
SG KP CO Bronze 4500/50/Dental	Off	SG OX DHMO Bronze 4500 50 EOC(01-14)
SG KP CO Bronze 3500/40/HSA/Dental	Off	SG OX HDHP Bronze 3500 40 EOC(01-14)
SG KP CO Bronze 4500/50%/HSA/Dental	Off	SG OX HDHP Bronze 4500 50% EOC(01-14)



E. RATE HISTORY					
Provide rate changes made in at least the last three years (If available)	N/A (Initial Filing)				
COLORADO					
State Tracking Number	% OF CHANGE				
or SERFF Tracking Number	Effective Date	Minimum	Average	Maximum	Cumulative for past 12 Months

NATIONWIDE		
Effective Date	Average % of change	Cumulative for past 12 Months
Additional Information:		

L. DATA REQUIREMENTS								
Colorado-only basis for at least 3 years. <b>Include</b> national, regional or other appropriate basis, if the Colorado data is not fully credible. The experience period must include consecutive data no older than 9 months prior to the proposed effective date.								
COLORADO								
Year*	Earned Premium	Incurred Claims	Total Estimated IBNR Claims	Total Estimated Incurred Claims	Loss Ratio	Average Covered Lives	Number of Claims	Colorado On Rate Level Premium
2010	270,838,347	219,120,518	89,570	219,210,088	80.9%	77,164	1,312,503	338,824,945
2011	281,849,890	215,033,450	332,490	215,365,940	76.4%	74,127	1,254,182	325,486,694
2012	276,786,469	197,051,629	14,718,776	211,770,405	76.5%	66,913	1,111,784	293,811,458
2013								
*This column should be Calendar Year. If fractional year is used, identify period as MM/YYYY – MM/YYYY								
Above data is for:	Prior Comparable Products: Small Group KFHP of CO HMO & KPIC/KFHP of CO POS products. 2010 premium values shown assume standard revenue collection and exclude KP/DOI premium refund agreements.							
OTHER DATA								
Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Total Estimated IBNR Claims	Average Covered Lives	Number of Claims		
2010								
2011								
2012								
2013								
Above data is for:								
Experience Period: (From ___ to ___)								
Additional Information:	Claims counts represent encounters for internal KP expenses, claim information such as inpatient days and outpatient visits for external claims, and number of scripts for Pharmacy.							

## M. SIDE-BY-SIDE COMPARISON

**N/A (Initial Filing)**

If the proposed rating factor(s) are new, the memorandum must specifically so state, and provide detailed support for each of the factors.

Description	Current Rate/ Rating Factor/ Rating Variable	Proposed Rate/ Rating Factor/Rating Variable	Percentage Increase/ Decrease
If the above table is not used, please identify the location of the Side-by-Side Comparison in the rate filing:			
Description and detailed support for new rating factor(s):			
Additional Information:			

N. PROJECTED EXPERIENCE FOR RATING PERIOD			
	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	58,707,000	45,498,000	77.5%
Projected Experience With Rate Change	58,707,000	45,498,000	77.5%
Additional Information	Due to availability of monthly calendar enrollment, the projection reflects expect 2014 calendar year exposure, including timing impacts of index trending and group entrants. Extended (e.g., 2015) experience is not reflected.		

Month Through Which Claims are Paid:

Dec-12
Costs Represent Allowed Claims; Due to data limitations, does not include jointly offered KFHP/KPIC POS products comprising of ~1% of total business at peak and 67 average lives (~0.1%) for 2012

Notes:

Row #	Month	Members	Medical		Pharmacy		Medical	Pharmacy	Total
			Total	Estimated	Total	Estimated	12-Month	12-Month	12-Month
			Incurred Claims	IBNR Claims	Incurred Claims	IBNR Claims	pmpm Trend	pmpm Trend	pmpm Trend
1	Jan-09	73,475	\$17,830,396	\$0	\$2,425,735	\$0	---	---	---
2	Feb-09	72,975	\$17,054,503	\$0	\$2,388,896	\$0	---	---	---
3	Mar-09	73,280	\$18,274,347	\$0	\$2,613,121	\$0	---	---	---
4	Apr-09	73,289	\$16,539,094	\$35	\$2,637,497	\$0	---	---	---
5	May-09	73,049	\$16,768,818	\$124	\$2,161,688	\$0	---	---	---
6	Jun-09	73,094	\$16,692,113	\$218	\$2,523,500	\$0	---	---	---
7	Jul-09	72,896	\$17,931,451	\$416	\$2,409,793	\$0	---	---	---
8	Aug-09	72,424	\$17,594,847	\$619	\$2,270,477	\$0	---	---	---
9	Sep-09	72,753	\$17,130,266	\$380	\$2,590,886	\$0	---	---	---
10	Oct-09	72,558	\$19,649,347	\$785	\$2,525,290	\$0	---	---	---
11	Nov-09	72,583	\$17,699,042	\$732	\$2,381,539	\$0	---	---	---
12	Dec-09	73,934	\$16,557,295	\$1,065	\$2,651,312	\$0	\$239	\$34	\$273
13	Jan-10	75,641	\$20,097,946	\$1,936	\$2,252,640	\$0	\$241	\$33	\$275
14	Feb-10	75,815	\$18,478,047	\$2,295	\$2,191,324	\$0	\$242	\$33	\$275
15	Mar-10	75,667	\$20,921,715	\$6,849	\$2,528,292	\$0	\$245	\$33	\$277
16	Apr-10	75,931	\$19,796,658	\$7,091	\$2,499,721	\$0	\$247	\$33	\$280
17	May-10	76,270	\$17,705,451	\$7,093	\$2,579,444	\$0	\$248	\$33	\$281
18	Jun-10	76,468	\$18,294,388	\$8,020	\$2,578,458	\$0	\$248	\$33	\$281
19	Jul-10	76,182	\$18,718,456	\$10,337	\$2,456,660	\$0	\$248	\$33	\$281
20	Aug-10	76,766	\$19,435,074	\$11,448	\$2,793,148	\$0	\$249	\$33	\$283
21	Sep-10	76,906	\$20,143,184	\$9,977	\$2,539,281	\$0	\$252	\$33	\$285
22	Oct-10	76,811	\$19,230,256	\$13,256	\$2,510,078	\$4	\$250	\$33	\$283
23	Nov-10	76,742	\$20,191,629	\$15,774	\$2,715,786	\$4	\$252	\$33	\$285
24	Dec-10	77,414	\$20,317,718	\$17,223	\$2,930,915	\$7	\$255	\$33	\$288
25	Jan-11	76,969	\$18,973,067	\$17,114	\$2,553,279	\$7	\$253	\$34	\$287
26	Feb-11	76,084	\$18,276,634	\$15,398	\$2,575,271	\$7	\$253	\$34	\$287
27	Mar-11	75,528	\$21,010,208	\$24,377	\$2,879,516	\$8	\$253	\$34	\$287
28	Apr-11	74,676	\$19,015,764	\$21,386	\$2,657,166	\$7	\$252	\$35	\$287
29	May-11	74,251	\$20,540,557	\$27,911	\$2,739,854	\$7	\$256	\$35	\$291
30	Jun-11	73,455	\$19,286,048	\$29,919	\$2,710,299	\$7	\$258	\$35	\$293
31	Jul-11	72,963	\$18,995,010	\$36,513	\$2,465,453	\$7	\$259	\$35	\$295
32	Aug-11	72,497	\$19,587,056	\$37,796	\$2,744,358	\$12	\$261	\$35	\$296
33	Sep-11	71,888	\$16,741,099	\$30,855	\$2,710,633	\$18	\$258	\$36	\$294
34	Oct-11	71,209	\$18,260,805	\$53,038	\$2,533,782	\$25	\$259	\$36	\$295
35	Nov-11	70,569	\$20,290,867	\$55,583	\$2,537,988	\$34	\$261	\$36	\$297
36	Dec-11	70,229	\$19,277,187	\$75,716	\$2,685,983	\$28	\$262	\$36	\$298
37	Jan-12	69,626	\$20,819,897	\$111,921	\$2,725,339	\$35	\$266	\$37	\$303
38	Feb-12	68,805	\$18,511,779	\$105,888	\$3,186,998	\$49	\$269	\$38	\$307
39	Mar-12	68,430	\$18,973,266	\$150,875	\$2,880,724	\$1,618	\$269	\$38	\$307
40	Apr-12	67,787	\$18,580,494	\$260,123	\$2,545,249	\$1,459	\$271	\$38	\$309
41	May-12	67,526	\$19,315,978	\$341,333	\$2,795,104	\$1,614	\$272	\$38	\$311
42	Jun-12	66,861	\$17,777,725	\$404,940	\$2,810,978	\$1,528	\$273	\$39	\$312
43	Jul-12	66,448	\$17,860,599	\$540,177	\$2,819,124	\$4,046	\$274	\$40	\$314
44	Aug-12	65,889	\$17,911,809	\$766,708	\$2,897,755	\$4,108	\$275	\$40	\$315
45	Sep-12	65,500	\$15,359,669	\$1,062,315	\$2,588,963	\$3,811	\$277	\$40	\$317
46	Oct-12	65,152	\$18,561,174	\$2,138,104	\$3,033,427	\$4,244	\$282	\$41	\$323
47	Nov-12	65,177	\$15,419,604	\$3,057,170	\$2,935,419	\$3,822	\$282	\$42	\$324
48	Dec-12	64,947	\$10,601,648	\$8,161,499	\$2,666,855	\$123,604	\$283	\$42	\$325

Start Month	End Month	Members Months	Medical		Pharmacy		One Year Trends		
			Total Incurred Claims	Estimated IBNR Claims	Total Incurred Claims	Estimated IBNR Claims	Medical Trend	Pharmacy Trend	Total Trend
Jan-09	Dec-09	876,310	209,721,519	4,374	29,579,734	0	---	---	---
Jan-10	Dec-10	916,613	233,330,522	111,299	30,575,747	15	6.4%	-1.2%	5.5%
Jan-11	Dec-11	880,318	230,254,302	425,606	31,793,582	167	2.9%	8.3%	3.5%
Jan-12	Dec-12	802,148	209,693,642	17,101,053	33,885,935	149,938	7.9%	17.5%	9.1%

Month Through Which Claims are Paid:

Dec-12
Costs Represent Allowed Claims normalized for demo and geo. Due to data limitations, does not include jointly offered KFHP/KPIC POS products comprising of ~1% of total business at peak and 67 average lives (~0.1%) for 2012.

Note:

Row #	Month	Members	Medical	Pharmacy	Medical	Pharmacy	Total
			Normalized	Normalized	12-Month	12-Month	12-Month
			Incurred Claims	Incurred Claims	pmpm Trend	pmpm Trend	pmpm Trend
1	Jan-09	73,475	\$11,798,522	\$1,605,129	---	---	---
2	Feb-09	72,975	\$11,280,709	\$1,580,137	---	---	---
3	Mar-09	73,280	\$12,071,961	\$1,726,217	---	---	---
4	Apr-09	73,289	\$10,917,262	\$1,740,977	---	---	---
5	May-09	73,049	\$11,060,732	\$1,425,842	---	---	---
6	Jun-09	73,094	\$11,007,736	\$1,664,119	---	---	---
7	Jul-09	72,896	\$11,803,082	\$1,586,170	---	---	---
8	Aug-09	72,424	\$11,546,668	\$1,489,955	---	---	---
9	Sep-09	72,753	\$11,235,290	\$1,699,256	---	---	---
10	Oct-09	72,558	\$12,870,865	\$1,654,069	---	---	---
11	Nov-09	72,583	\$11,587,507	\$1,559,122	---	---	---
12	Dec-09	73,934	\$10,826,313	\$1,733,501	\$157	\$22	\$180
13	Jan-10	75,641	\$13,137,345	\$1,472,332	\$159	\$22	\$181
14	Feb-10	75,815	\$12,079,138	\$1,432,295	\$159	\$22	\$181
15	Mar-10	75,667	\$13,673,318	\$1,651,816	\$160	\$22	\$182
16	Apr-10	75,931	\$12,938,554	\$1,633,165	\$162	\$21	\$184
17	May-10	76,270	\$11,553,487	\$1,682,513	\$162	\$22	\$184
18	Jun-10	76,468	\$11,917,394	\$1,678,932	\$163	\$22	\$184
19	Jul-10	76,182	\$12,191,741	\$1,599,193	\$162	\$22	\$184
20	Aug-10	76,766	\$12,669,325	\$1,819,724	\$163	\$22	\$185
21	Sep-10	76,906	\$13,112,752	\$1,652,195	\$164	\$22	\$186
22	Oct-10	76,811	\$12,518,711	\$1,632,913	\$163	\$22	\$185
23	Nov-10	76,742	\$13,133,553	\$1,765,095	\$164	\$22	\$186
24	Dec-10	77,414	\$13,204,516	\$1,903,198	\$166	\$22	\$188
25	Jan-11	76,969	\$12,326,480	\$1,657,332	\$165	\$22	\$187
26	Feb-11	76,084	\$11,877,510	\$1,672,198	\$165	\$22	\$187
27	Mar-11	75,528	\$13,652,445	\$1,868,948	\$165	\$22	\$187
28	Apr-11	74,676	\$12,337,866	\$1,722,098	\$164	\$23	\$187
29	May-11	74,251	\$13,312,416	\$1,773,305	\$166	\$23	\$189
30	Jun-11	73,455	\$12,482,485	\$1,751,471	\$168	\$23	\$190
31	Jul-11	72,963	\$12,291,399	\$1,592,303	\$168	\$23	\$191
32	Aug-11	72,497	\$12,652,579	\$1,769,356	\$169	\$23	\$192
33	Sep-11	71,888	\$10,787,916	\$1,743,522	\$167	\$23	\$191
34	Oct-11	71,209	\$11,768,946	\$1,628,290	\$168	\$23	\$191
35	Nov-11	70,569	\$13,057,678	\$1,628,818	\$169	\$23	\$192
36	Dec-11	70,229	\$12,430,001	\$1,725,174	\$169	\$23	\$193
37	Jan-12	69,626	\$13,456,085	\$1,752,016	\$172	\$24	\$196
38	Feb-12	68,805	\$11,967,332	\$2,048,616	\$173	\$24	\$198
39	Mar-12	68,430	\$12,299,659	\$1,853,774	\$173	\$24	\$198
40	Apr-12	67,787	\$12,111,286	\$1,637,096	\$174	\$25	\$199
41	May-12	67,526	\$12,628,939	\$1,796,765	\$175	\$25	\$200
42	Jun-12	66,861	\$11,679,904	\$1,806,655	\$175	\$25	\$201
43	Jul-12	66,448	\$11,819,274	\$1,813,392	\$176	\$25	\$202
44	Aug-12	65,889	\$12,001,189	\$1,864,484	\$177	\$26	\$203
45	Sep-12	65,500	\$10,545,805	\$1,665,017	\$178	\$26	\$204
46	Oct-12	65,152	\$13,232,269	\$1,941,869	\$181	\$26	\$208
47	Nov-12	65,177	\$11,813,307	\$1,879,233	\$181	\$27	\$208
48	Dec-12	64,947	\$12,002,317	\$1,784,987	\$181	\$27	\$209

			Medical	Pharmacy	One Year Trends		
Start Month	End Month	Members Months	Total Incurred Claims	Total Incurred Claims	Medical Trend	Pharmacy Trend	Total Trend
Jan-09	Dec-09	876,310	138,006,647	19,464,494	---	---	---
Jan-10	Dec-10	916,613	152,129,834	19,923,371	5.4%	-2.1%	4.5%
Jan-11	Dec-11	880,318	148,977,721	20,532,815	2.0%	7.3%	2.6%
Jan-12	Dec-12	802,148	145,557,366	21,843,904	7.2%	16.8%	8.4%

O. OTHER FACTORS
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Effective Date	Base Rate
1/1/2014	\$297.44

Effective Date	Trend Factor
1/1/2014	1.000
4/1/2014	1.017
7/1/2014	1.034
10/1/2014	1.051

Metallic Level	Street Name	Plan Design Factor	Non-EHB Factor	Admin Factor	Exchange Offering
Gold	KP CO Gold 0/30	0.783	1.000	1.261	On
Gold	KP CO Gold 500/20	0.750	1.000	1.261	On
Silver	KP CO Silver 1200/35	0.660	1.000	1.261	On
Silver	KP CO Silver 1500/50	0.641	1.000	1.261	On
Silver	KP CO Silver 2000/30/HSA	0.646	1.000	1.261	On
Bronze	KP CO Bronze 4500/50	0.583	1.000	1.261	On
Bronze	KP CO Bronze 3500/40/HSA	0.533	1.000	1.261	On
Bronze	KP CO Bronze 4500/50%/HSA	0.492	1.000	1.261	On
Gold	KP CO Gold 0/30/Dental	0.798	1.000	1.258	Off
Gold	KP CO Gold 500/20/Dental	0.764	1.000	1.258	Off
Gold	KP CO Gold HRA 500 1500/30/Dental	0.714	1.000	1.258	Off
Gold	KP CO Gold HRA 600 1500/30/Dental	0.714	1.000	1.258	Off
Gold	KP CO Gold HRA 700 1500/30/Dental	0.714	1.000	1.258	Off
Silver	KP CO Silver 1200/35/Dental	0.675	1.000	1.258	Off
Silver	KP CO Silver 1500/50/Dental	0.655	1.000	1.258	Off
Silver	KP CO Silver 2000/30/HSA/Dental	0.660	1.000	1.258	Off
Silver	KP CO Silver HRA 500 2500/50/HSA/Dental	0.584	1.000	1.257	Off
Silver	KP CO Silver HRA 600 2500/50/HSA/Dental	0.584	1.000	1.257	Off
Silver	KP CO Silver HRA 700 2500/50/HSA/Dental	0.584	1.000	1.257	Off
Bronze	KP CO Bronze 4500/50/Dental	0.597	1.000	1.257	Off
Bronze	KP CO Bronze 3500/40/HSA/Dental	0.547	1.000	1.257	Off
Bronze	KP CO Bronze 4500/50%/HSA/Dental	0.506	1.000	1.257	Off

Rating Area	Counties	Factor
Rating Area 1	Boulder	1.000
Rating Area 2	El Paso, Teller	1.100
Rating Area 3	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park	1.000
Rating Area 4	Larimer	0.950
Rating Area 6	Weld	0.950
Rating Area 7	Pueblo	1.200
Rating Area 8	Fremont, Huefano, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Otero, Prowers, Rio Grande, Saguache	1.200
Rating Area 9	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma	0.950

Attained Age	Age Factor
20 and Under	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
64	3.000
65 and over	3.000



1	Data Collection Template																									
2																										
3	Company Legal Name:		Kaiser Foundation Health Plan										State:		CO											
4	HIOS Issuer ID:		21032										Market:		Small Group											
5	Effective Date of Rate Change(s): 1/1/2014																									
6																										
7																										
8	Market Level Calculations (Same for all Plans)																									
9																										
10																										
11	Section I: Experience period data																									
12	Experience Period:		1/1/2012		to		12/31/2012																			
13			Experience Period																							
14			Aggregate Amount		PMPM		% of Prem																			
15	Premiums (net of MLR Rebate) in Experience Period:		\$276,786,469		\$344.71		100.00%																			
16	Incurred Claims in Experience Period		\$211,770,405		263.74		76.51%																			
17	Allowed Claims:		\$261,107,667		325.18		94.34%																			
18	Index Rate of Experience Period				\$323.16																					
19	Experience Period Member Months		802,955																							
20	Section II: Allowed Claims, PMPM basis																									
21			Experience Period				Projection Period: 1/1/2014 to 12/31/2014				Mid-point to Mid-point, Experience to Projection:		24 months													
22			on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment		Credibility Manual													
23	Benefit Category		Utilization Description		Utilization per 1,000		Average Cost/Service		PMPM		Pop'l risk Morbidity Other Cost Util		Utilization per 1,000		Average Cost/Service		PMPM		Utilization per 1,000		Average Cost/Service		PMPM			
24	Inpatient Hospital		Days		166.16		\$5,033.60		\$69.70		0.995 0.977 1.050 1.014		169.99		\$5,421.91		\$76.81		170.03		\$5,419.57		\$76.79			
25	Outpatient Hospital		Visits		429.77		1,576.93		56.48		0.995 0.977 1.050 1.014		439.68		1,698.58		62.24		439.77		1,697.85		62.22			
26	Professional		Visits		7,509.11		231.93		145.13		0.995 0.977 1.050 1.014		7,682.23		249.82		159.93		7683.82		249.71		159.90			
27	Other Medical		Visits		296.99		461.30		11.42		0.995 0.977 1.050 1.014		303.84		496.89		12.58		303.90		496.67		12.58			
28	Capitation				0.00		0.00		0.00		1.000 1.000 1.000 1.000		0.00		0.00		0.00		288.42		215.64		5.18			
29	Prescription Drug		Prescriptions		8,213.35		62.03		42.46		0.995 0.977 1.080 1.014		8,402.71		70.69		49.50		8404.45		70.66		49.49			
30	Total								\$325.18																	
31																										
32	Section III: Projected Experience:																									
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49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																									
50																										

Product-Plan Data Collection

Company Legal Name:  
HIOS Issuer ID:  
Effective Date of Rate Change(s):

Kaiser Foundation Health Plan of Colorado  
21032  
1/1/2014

State: CO  
Market: Small Group

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		HMO																			
Product ID:		21032CO071																			
Metal:		Gold	Gold	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze
AV Metal Value		0.785	0.785	0.785	0.785	0.785	0.785	0.785	0.712	0.712	0.712	0.696	0.696	0.696	0.684	0.684	0.684	0.614	0.614	0.614	0.611
AV Pricing Value		0.988	0.988	0.988	0.945	0.945	0.945	0.945	0.833	0.833	0.833	0.808	0.808	0.808	0.815	0.815	0.815	0.735	0.735	0.735	0.672
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		KP CO Gold 0/30	KP CO Gold 0/30	KP CO Gold 0/30	KP CO Gold 500/20	KP CO Gold 500/20	KP CO Gold 500/20	KP CO Silver 1200/35	KP CO Silver 1200/35	KP CO Silver 1200/35	KP CO Silver 1500/50	KP CO Silver 1500/50	KP CO Silver 1500/50	KP CO Silver 2000/30/HSA	KP CO Silver 2000/30/HSA	KP CO Silver 2000/30/HSA	KP CO Bronze 4500/50	KP CO Bronze 4500/50	KP CO Bronze 4500/50	KP CO Bronze 3500/40/HSA	KP CO Bronze 3500/40/HSA
Plan ID (Standard Component ID):		21032CO0710001	21032CO0710009	21032CO0710010	21032CO0710002	21032CO0710011	21032CO0710012	21032CO0710003	21032CO0710013	21032CO0710015	21032CO0710004	21032CO0710014	21032CO0710016	21032CO0710005	21032CO0710017	21032CO0710020	21032CO0710008	21032CO0710023	21032CO0710024	21032CO0710006	21032CO0710018
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2																					
Historical Rate Increase - Calendar Year - 1																					
Historical Rate Increase - Calendar Year 0																					
Effective Date of Proposed Rates		1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %																					

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	21032CO0710001	21032CO0710009	21032CO0710010	21032CO0710002	21032CO0710011	21032CO0710012	21032CO0710003	21032CO0710013	21032CO0710015	21032CO0710004	21032CO0710014	21032CO0710016	21032CO0710005	21032CO0710017	21032CO0710020	21032CO0710008	21032CO0710023	21032CO0710024	21032CO0710006	21032CO0710018	21032CO0710021
Inpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Average Current Rate PMPM	\$369.36	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01
Projected Member Months	155,028	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255

Section III: Experience Period Information

Warning Alert		Wsht 1 Total																								
OK	\$	344.71	Plan ID (Standard Component ID):	Total	21032CO0710001	21032CO0710009	21032CO0710010	21032CO0710002	21032CO0710011	21032CO0710012	21032CO0710003	21032CO0710013	21032CO0710015	21032CO0710004	21032CO0710014	21032CO0710016	21032CO0710005	21032CO0710017	21032CO0710020	21032CO0710008	21032CO0710023	21032CO0710024	21032CO0710006	21032CO0710018	21032CO0710021	
OK		802,955	Average Rate PMPM	\$344.71																						
OK		\$276,786,469	Member Months	802,955																						
			Total Premium (TP)	\$276,789,015	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
OK			EHB basis or full portion of TP, [see instructions]	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
			state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
			Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
			Total Allowed Claims (TAC)	\$261,107,668	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
			EHB basis or full portion of TAC, [see instructions]	99.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
OK			state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
			Other benefits portion of TAC	0.60%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
			Allowed Claims which are not the issuer's obligation:	\$49,337,262	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
			Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
			Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
OK			Total Incurred claims, payable with issuer funds	\$211,770,406	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
			Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
			Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
OK	\$	263.74	Incurred Claims PMPM	\$263.74	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
OK	\$	325.18	Allowed Claims PMPM	\$325.18	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
			EHB portion of Allowed Claims, PMPM	\$323.23	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

Section IV: Projected (12 months following effective date)

Warning Alert	Wsh1 Total	Plan ID (Standard Component ID):	Total	21032CO0710001	21032CO0710009	21032CO0710010	21032CO0710002	21032CO0710011	21032CO0710012	21032CO0710003	21032CO0710013	21032CO0710015	21032CO0710004	21032CO0710014	21032CO0710016	21032CO0710005	21032CO0710017	21032CO0710020	21032CO0710008	21032CO0710023	21032CO0710024	21032CO0710006	21032CO0710018	21032CO0710021	
	OK	\$ 369.17	Average Rate PMPM	\$369.36	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	\$364.01	
	OK	155,046	Member Months	155,028	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	1,255	
	WARNING	\$57,238,587	Total Premium (TP)	\$57,261,134	\$456,835	\$456,833	\$456,833	\$456,833	\$456,833	\$456,833	\$456,833	\$456,833	\$456,833	\$456,833	\$456,833	\$456,833	\$456,833	\$456,833	\$456,833	\$456,833	\$456,833	\$456,833	\$456,833	\$456,833	
OK	56,771,350	Premium Information	EHB basis or full portion of TP, [see instructions]	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	
		state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
		Other benefits portion of TP	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	
		Total Allowed Claims (TAC)	\$56,771,214	\$454,028	\$454,028	\$454,028	\$454,028	\$454,028	\$454,028	\$454,028	\$454,028	\$454,028	\$454,028	\$454,028	\$454,028	\$454,028	\$454,028	\$454,028	\$454,028	\$454,028	\$454,028	\$454,028	\$454,028	\$454,028	
		EHB basis or full portion of TAC, [see instructions]	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	99.73%	
		state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
		Other benefits portion of TAC	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	0.27%	
		Allowed Claims which are not the issuer's obligation	\$12,291,234	\$99,707	\$99,707	\$99,707	\$99,707	\$99,707	\$99,707	\$99,707	\$99,707	\$99,707	\$99,707	\$99,707	\$99,707	\$99,707	\$99,707	\$99,707	\$99,707	\$99,707	\$99,707	\$99,707	\$99,707	\$99,707	
		Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0																						
		insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
OK	44,480,106	Total Incurred claims, payable with issuer funds	\$44,479,980	\$354,321	\$354,321	\$354,321	\$354,321	\$354,321	\$354,321	\$354,321	\$354,321	\$354,321	\$354,321	\$354,321	\$354,321	\$354,321	\$354,321	\$354,321	\$354,321	\$354,321	\$354,321	\$354,321	\$354,321		
		Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
#DIV/0!	-	Net Amt of Risk Adj	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
OK	\$ 286.88	Incurred Claims PMPM	\$286.92	\$282.33	\$282.33	\$282.33	\$282.33	\$282.33	\$282.33	\$282.33	\$282.33	\$282.33	\$282.33	\$282.33	\$282.33	\$282.33	\$282.33	\$282.33	\$282.33	\$282.33	\$282.33	\$282.33	\$282.33	\$282.33	
OK	\$ 366.16	Allowed Claims PMPM	\$366.20	\$361.78	\$361.78	\$361.78	\$361.78	\$361.78	\$361.78	\$361.78	\$361.78	\$361.78	\$361.78	\$361.78	\$361.78	\$361.78	\$361.78	\$361.78	\$361.78	\$361.78	\$361.78	\$361.78	\$361.78	\$361.78	
		EHB portion of Allowed Claims, PMPM	\$365.21	\$360.80	\$360.80	\$360.80	\$360.80	\$360.80	\$360.80	\$360.80	\$360.80	\$360.80	\$360.80	\$360.80	\$360.80	\$360.80	\$360.80	\$360.80	\$360.80	\$360.80	\$360.80	\$360.80	\$360.80	\$360.80	

[illegible]



[illegible]

**Kaiser Foundation Health Plan of Colorado  
Colorado : Small Group**

**Exhibit 1  
Index Rate Development - Summary**

			<u>Source</u>
(1)	Base Period Allowed	\$325.18	See Memo
(2)	Non-EHB Claims Adjustment	0.994	See Memo
(3)	Experience Period Index Rate	\$323.16	[ (1) * (2) ]
(4)	Annualized Trend	6.9%	See Memo
(5)	Months of Trend	24	
(6)	Trend Factor	1.143	[ { 1 + (4) } ^ {(5)/12} ]
(7)	Network /Product Adjustment	0.9999	See Memo
(8)	Change in Utilization Effect	0.986	Exhibit 2
(9)	Change in Area	0.996	Exhibit 3
(10)	Change in Morbidity	0.995	Exhibit 4
(11)	Delta Dental Capitation	\$5.18	Exhibit 5
(12)	<b>Projected Period Index Rate</b>	\$366.16	[ (3) * product (6) through (10) ] + (11)
	<i>Adjustments to the Market-Wide Index Rate</i>		
(13)	Risk Adjustment	1.000	Exhibit 4
(14)	Risk Adjustment & Reinsurance Fees	1.016	Exhibit 6
(15)	Exchange Fee	1.003	Exhibit 6
	<i>Normalization Factors</i>		
(16)	Utilization Impact	1.114	Exhibit 2
(17)	Contract Limit of 3 Children Factor	1.008	Exhibit 7
(18)	Demographic Normalization	0.711	Exhibit 8
(19)	Area Normalization	0.998	Exhibit 3
(20)	<b>Base Rate for Reference Plan</b>	\$297.44	product [ (12) through (19) ] <i>Reference plan is a no-cost sharing plan</i>

**Kaiser Foundation Health Plan of Colorado**  
**Colorado: Small Group**  
**Rating Factors**

**Attachment II**  
**Required Rate Sample**

**40 year old non-tobacco user rates for richest and leanest plan in each metal tier**

Plan Name	Rating Area							
	1	2	3	4	6	7	8	9
KP CO Gold 0/30/Dental	\$381.60	\$419.77	\$381.60	\$362.52	\$362.52	\$457.93	\$457.93	\$362.52
KP CO Gold HRA 700 1500/30/Dental	\$341.44	\$375.58	\$341.44	\$324.36	\$324.36	\$409.72	\$409.72	\$324.36
KP CO Silver 1200/35/Dental	\$322.79	\$355.06	\$322.79	\$306.65	\$306.65	\$387.34	\$387.34	\$306.65
KP CO Silver HRA 700 2500/50/HSA/Dental	\$279.05	\$306.95	\$279.05	\$265.10	\$265.10	\$334.86	\$334.86	\$265.10
KP CO Bronze 4500/50/Dental	\$285.26	\$313.79	\$285.26	\$271.00	\$271.00	\$342.31	\$342.31	\$271.00
KP CO Bronze 4500/50%/HSA	\$235.84	\$259.42	\$235.84	\$224.04	\$224.04	\$283.00	\$283.00	\$224.04

## VAUGHN INDEX

### REQUEST FOR CONFIDENTIAL OR PRIVILEGED STATUS

Please fill out this form and submit it with your filing of information or documents with the Colorado Division of Insurance in the event you are requesting confidential or privileged status for all or a portion of such information or documents. It is your responsibility to both claim and validate your request for confidential or privileged status for each separate portion of the information.

**1. Identification of Party Requesting Confidential or Privileged Status:**

Name: Aaron Ekstrom  
Company: Kaiser Foundation Health Plan of Colorado  
Address: 2530 South Parker Road, Suite 350  
Aurora, CO 80014  
Email Address: [Aaron.D.Ekstrom@kp.org](mailto:Aaron.D.Ekstrom@kp.org)  
Telephone: 303-306-2672  
Facsimile: 303-306-2676

**2. Identification of information or documents for which confidential or privileged status is requested. All of the columns must be completed.**

ID No	Description of each different section or page	Date	Author	Recipient	Identify Confidentiality or Privilege Claimed (cite legal authority)	Reason why it applies
01	Pricing Assumptions – Utilization experience & projections	5/13/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Detailed information regarding pricing and utilization assumptions of specific benefits is considered a trade secret and not subject to public disclosure.

*For Division use only:*

Name of Division Employee:

Filing Date:

DOI Filing Number:

<b>02</b>	Pricing Assumptions – geographic experience & projections	5/13/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Detailed information regarding pricing assumptions is considered a trade secret and membership distributions are considered confidential commercial data and not subject to public disclosure.
<b>03</b>	Pricing Assumptions – risk and morbidity experience & projections	5/13/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Detailed information regarding pricing assumptions is considered a trade secret and membership distributions are considered confidential commercial data and not subject to public disclosure.
<b>04</b>	Pricing Assumptions – third party agreements	5/13/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Detailed information regarding pricing of specific benefits and third party agreements is considered a trade secret and not subject to public disclosure.
<b>05</b>	Pricing Assumptions – tax/fee development assumptions	5/13/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Detailed information regarding pricing assumptions is considered a trade secret and membership distributions are considered confidential commercial data and not subject to public disclosure.

*For Division use only:*

**Name of Division Employee:**

**Filing Date:**

**DOI Filing Number:**



<b>06</b>	Pricing Assumptions – membership distribution	5/13/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Detailed information regarding pricing assumptions is considered a trade secret and membership distributions are considered confidential commercial data and not subject to public disclosure.
<b>07</b>	Pricing Assumptions – membership distribution	5/13/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Detailed information regarding pricing assumptions is considered a trade secret and membership distributions are considered confidential commercial data and not subject to public disclosure.
<b>08</b>	Pricing Assumptions – administrative and third party information	5/13/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Detailed information regarding pricing assumptions is considered a trade secret and membership distributions are considered confidential commercial data and not subject to public disclosure.
<b>09</b>	Pricing Assumptions – company strategic discussions / assumption support	5/13/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Detailed information regarding pricing assumptions and regional strategic details are considered trade secrets and detailed cost information is considered confidential financial data and therefore neither is subject to public inspection or disclosure.

*For Division use only:*

**Name of Division Employee:**

**Filing Date:**

**DOI Filing Number:**

10	Pricing Assumptions – company financial discussions / cost allocation	5/13/2013	KFHP of CO	Colorado Division of Insurance	C.R.S. Section 24-72-204(3)(a)(IV) and C.R.S. Section 24-72-203(4)	Per C.R.S. Section 24-72-204(3)(a)(IV), trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. Company cost allocation information is considered confidential financial data and regional strategic details are considered trade secrets, and therefore neither is subject to public inspection or disclosure.
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*For Division use only:*

**Name of Division Employee:**

**Filing Date:**

**DOI Filing Number:**

**Kaiser Foundation Health Plan of Colorado**  
**Colorado: Small Group**  
Effective Date: January 1, 2014

**Rate Filing Addendum**  
**HIOS Issuer ID 21032**  
**HIOS Product IDs 21032CO071, 21032CO079**

Date: 6/5/2013

Kaiser Foundation Health Plan is adding elective abortion coverage to all new products included within this rate filing. This will be the only benefit above the essential health benefit requirements covered in these plans. Per conversations with the Colorado Division of Insurance, this addendum is being provided to the rate filing to demonstrate that the cost of this benefit addition is de minimus to the total premium.

Large group KFHP Colorado data for calendar year 2012 demonstrates a PMPM allowed cost of \$0.20 for abortion services, including both therapeutic and elective. It is expected that including elective abortion coverage on all plans in the individual and small group markets will result in a similar PMPM cost; because this includes both elective and therapeutic abortion services, this is likely a high-end estimate. This high-end estimate amounts to less than a 0.1% impact to projected allowed costs ( $=0.20/366.16$ ). This impact is considered de minimus to the total premium, and therefore KFHP is not changing rates or revising rate filing materials to reflect this change. Instead, any costs resulting from this change will result in a reduction in target capital and contingency margin.

**Kaiser Foundation Health Plan of Colorado  
Colorado : Small Group**

**Anticipated Retention Levels**

		% of Premium <u>Retained</u>
	<u>Issuer Primary Expense and Profit Retention</u>	
	Administrative Expenses (not including expenses in Additional Allowed Section Below):	7.5%
	Medical Management:	3.0%
	Commissions:	4.5%
	Capital and Contingencies margin::	3.0%
	FIT - Federal Income Taxes (includes taxes on profit & contingencies):	0.0%
	Investment Income:	0.0%
(A)	Total:	18.0%
	<u>Retention for Additional Required Taxes, Fees and Assessments</u>	
	PPACA Reinsurance Fee:	1.41%
	PPACA Health Insurer Fee:	0.65%
	PPACA Risk Adjustment User Fee:	0.02%
	PPACA PCORI Fee:	0.05%
	Exchange user fees:	0.36%
	Premium Taxes:	0.00%
	State Income Taxes:	0.00%
	Other Fees, Assessments, Taxes:	0.00%
	Charitable Contribution:	2.00%
(B)	Total:	4.49%
	<u>Additional Allowed for QI &amp; Member Welfare Section</u>	
	<u>Quality Improvement and Accounting Allowances*:</u>	3.1%
(C)	Total:	3.1%
(D)	Total Premium Retention (A + B):	22.5%
(E)	Colorado Conventional Loss Ratio (100% - D):	77.5%
	Federal MLR Loss Ratio Basis: (E + C) / (100% - B - FIT):	84.4%

\*Since KFHP is an integrated health care delivery model that not only provides insurance coverage but also provides for the medical care of its members, many expenses that are incurred can be partially attributed to administrative expense and partially to medical expense. As such, additional considerations (e.g., GAAP vs. statutory accounting principles) are taken into account for the establishment of claims and quality improvement expenses for the federally prescribed MLR.

State: Colorado

Filing Company:

Kaiser Foundation Health Plan of Colorado

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: KFHP CO Small Group

Project Name/Number: 201401 KFHP CO SG Rates/201401 KFHP CO SG Rates

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/04/2013		Supporting Document	Actuarial Memorandum and Certifications	07/16/2013	2014.01 KFHP CO SG_Cert.PDF 2014.01 KFHP CO SG Part III ActMemo.pdf 2014.01 KFHP CO SG_Act Memo_v2013.05.29.xls (Superceded) 2014.01 KFHP CO SG_Act Memo_v2013.05.29_PDF of Required Excel Submission.pdf (Superceded)
06/04/2013		Supporting Document	Attachment II	07/16/2013	2014.01 KFHP CO SG_Att II.xls (Superceded) 2014.01 KFHP CO SG_Att II_PDF of Required Excel Submission.pdf (Superceded)
05/29/2013		Supporting Document	Actuarial Memorandum and Certifications	06/04/2013	2014.01 KFHP CO SG_Cert.PDF 2014.01 KFHP CO SG Part III ActMemo.pdf 2014.01 KFHP CO SG_Act Memo_v2013.05.29.xls
05/21/2013		Supporting Document	Unified Rate Review Template	06/04/2013	2014.01 KFHP CO SG_URRT.xlsm
05/10/2013		Supporting Document	Attachment II	06/04/2013	2014.01 KFHP CO SG_Att II.xls

<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	KFHP CO Small Group		
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates		

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/10/2013		Rate	Rate Manual	07/16/2013	2014.01 KFHP CO SG_Att I.pdf (Superceded)
05/03/2013		Supporting Document	Actuarial Memorandum and Certifications	05/29/2013	2014.01 KFHP CO SG_Cert.PDF 2014.01 KFHP CO SG Part III ActMemo.pdf 2014.01 KFHP CO SG_Act Memo.xls (Superceded)
05/03/2013		Supporting Document	Unified Rate Review Template	05/21/2013	2014.01 KFHP CO SG_URRT 20130510153246.xml (Superceded)

<b>SERFF Tracking #:</b>	KFHP-129013793	<b>State Tracking #:</b>	277971	<b>Company Tracking #:</b>	2014.01 KFHP CO SG
<hr/>					
<b>State:</b>	Colorado	<b>Filing Company:</b>	Kaiser Foundation Health Plan of Colorado		
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO				
<b>Product Name:</b>	KFHP CO Small Group				
<b>Project Name/Number:</b>	201401 KFHP CO SG Rates/201401 KFHP CO SG Rates				

***Attachment 2014.01 KFHP CO SG\_Act Memo\_v2013.05.29.xls is not a PDF document and cannot be reproduced here.***

***Attachment 2014.01 KFHP CO SG\_Att II.xls is not a PDF document and cannot be reproduced here.***

***Attachment 2014.01 KFHP CO SG\_Act Memo.xls is not a PDF document and cannot be reproduced here.***

***Attachment 2014.01 KFHP CO SG\_URRT 20130510153246.xml is not a PDF document and cannot be reproduced here.***

**ACTUARIAL MEMORANDUM**

Pursuant to Colorado Regulation 4-2-11 Section 6, rate filings must contain an Actuarial Memorandum. The Division of Insurance developed this template Memorandum, to reduce the number of returned incomplete filings. For additional information and table General filing requirements, Actuarial Certification requirements, and submission requirements are identified in Section 5 of Colorado Regulation 4-2-11. For requirements by line of business, see Section 7 of this regulation. Rate filings submitted without ALL requirements of the regulations could be disapproved or rejected by the Colorado Division of Insurance.

<b>Company:</b>	Kaiser Foundation Health Plan of Colorado
<b>State &amp; Business Line</b>	Colorado: Small Group
<b>NAIC #:</b>	95669
<b>SERFF Filing #:</b>	KFHP-129013793
<b>SERFF Binder Filing #:</b>	KFHP-CO14-125001152

<b>A: SUMMARY</b>	
<b>1. Reason(s):</b>	This memorandum and the accompanying exhibits represent documentation to support the filing of new product rates for Kaiser Foundation Health Plan of Colorado's (KFHP) small group products, effective January 1, 2014 to be sold on and off the Colorado State Exchange. This rate filing is to comply with current and developing Federal and State requirements as indicated by the Affordable Care Act (ACA) and corresponding regulations and interpretations. This filing applies to forms that are open to new sales including single, family and child only contracts and does not cover products that existed prior to 2014. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of premium rates for all quarters of 2014. The discussion within this actuarial memorandum is limited to the information included in this Excel file, the attached Exhibits 1-9, Appendices 1-2, the federal Uniform Rate Review Template, and Attachments I & II being submitted in conjunction with this memorandum.
<b>2. Requested Rate Action:</b>	N/A - Initial Product Filing.
<b>3. Marketing method(s):</b>	KFHP markets and issues their plans through brokers, internet, and direct sales, including on and off the Colorado State Exchange
<b>4. Premium Classification(s):</b>	Member-level premiums for any given plan vary by geographic location and member demographics. The rates of each individual member are added together to arrive at a family premium. In computing the family premium, the rates of only the three eldest child dependents under the age of 21 are included. Premiums are compliant with the 3:1 age requirement. KFHP will not be implementing tobacco use rating at this time for its small group business
<b>5. Product Description(s):</b>	KFHP provides HMO coverage throughout its Denver/Boulder, Colorado Springs, Pueblo, and Northern Colorado service areas. Products referenced herein cover the required Essential Health Benefits (EHB) as defined under the ACA:  1. Ambulatory patient services 2. Emergency services 3. Hospitalization 4. Maternity and newborn care 5. Mental health and substance use disorder services, including behavioral health treatment 6. Prescription drugs 7. Rehabilitative and habilitative services and devices 8. Laboratory services 9. Preventive and wellness services and chronic disease management 10. Pediatric services, including oral and vision care  Regarding item #10, Pediatric Dental coverage is included within the Off Exchange product offerings only.
<b>6. Policy/Rider Impacted:</b>	KFHP is not including any benefit substitutions in its plans nor including any benefits above the EHB requirements.
<b>7. Age Basis:</b>	Please see "Forms" tab
<b>8. Renewability provision:</b>	Premiums are charged on a renewal age basis
<b>Additional Information:</b>	Guaranteed Renewable
	Benefit ratios as developed on a state requirement are not necessarily comparable to the federal definition of medical loss ratio per the ACA and resulting regulations. In addition to this Actuarial Memorandum, please refer to the "Part III Actuarial Memorandum" for additional details and further discussion regarding the Federal Uniform Rate Review Template.

<b>B. ASSUMPTION, MERGER OR ACQUISITION</b>	
<b>1. Is product part of assumption, acquisition, or merger (from or with another company)?</b>	No
<b>Assumption:</b>	
<b>Acquisition:</b>	
<b>Merger:</b>	
<b>2. If yes, provide name of company(s):</b>	
<b>3. Closing Date of assumption, merger or acquisition:</b>	
<b>Additional Information:</b>	

<b>C. RATING PERIOD</b>	
<b>Proposed Effective Date: (may not say "upon approval")</b>	1/1/2014
<b>Rating Period:</b>	Rate are effective for 12 months. Quarterly increases to the index rate will be applied
<b>Rating Period Dates:</b>	1/1/2014 - 12/31/2014

<b>D. EFFECT OF LAW CHANGES</b>	
<b>Identify and quantify changes resulting from mandated benefits and other law changes:</b>	
<b>Additional Information:</b>	N/A



<b>E. RATE HISTORY</b>	
Provide rate changes made in at least the last three years (if available)	N/A (Initial Filing)

<b>F: COORDINATION OF BENEFITS</b>	
<b>Provides actual loss experience net of any savings:</b>	The rating methodology uses actual experience that is net of any collection of coordination of benefit amounts, and therefore results in an equitable reduction in premiums for all policyholders.
<b>Additional Information:</b>	

<b>G. RELATIONSHIP OF BENEFITS TO PREMIUM</b>	
<b>Description</b>	<b>Percentage</b>
Commissions	4.5%
General expenses	7.5%
Medical Management	3.0%
PPACA Fees	2.1%
Exchange Fees	0.4%
Direct Community Charitable Contribution	2.0%
Capital and Contingency Margin	3.0%
Other	0.0%
<b>Total Retention:</b>	<b>22.5%</b>
<b>Targeted Loss Ratio:</b>	<b>77.5%</b>
<b>Additional Information:</b>	
Retention includes broker commissions, administrative expenses, medical management expenses, and capital contribution. The capital contribution is an amount to maintain and expand medical center facilities where members receive the majority of health care in the Kaiser Foundation Health Plan. As a group model HMO, KFHP owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments whereas for Kaiser, these are funded through premium rates.	
Retention also includes the following ACA-related taxes that will apply in 2014: the PCORI fee, the insurer tax, risk adjustment and reinsurance fees, and exchange fees. Risk adjustment, reinsurance, and exchange fees have all been incorporated into the base rate development, whereas the PCORI fee and the insurer tax have been included in the plan level retention adjustment. Please refer to Exhibit 9 for additional information. Also included in retention is KFHP's direct community benefit investment, as required in order to maintain its status as a not-for-profit health plan.	
It is expected that KFHP will meet the requirements of the federally defined medical loss ratio. The expense loading reflects the operating methods of the company and its anticipated expenses in Colorado. Please see Appendix II for a discussion of administrative expenses included here compared to the annual statement.	

<b>H. Capital and Contingency Margin</b>	
<b>1. Capital and Contingency Margin</b>	3%
<b>2. Proposed load in excess of 7% after tax.</b>	
<b>Provide detailed support:</b>	The target capital and contingency margin for 2014 is 3.0% for this block of business. The capital contribution is an amount to maintain and expand medical center facilities where members receive the majority of their health care services. KFHP does not have investment income attributable to unearned premium reserves, reserves from incurred losses, and reserves from incurred but not reported losses, and therefore it is not considered in the ratemaking process
<b>Additional Information:</b>	

<b>I. DETERMINATION OF PROPOSED RATES</b>	
Include all underlying rating assumptions, with detailed support for each assumption. This explanation may be on an aggregate expected loss basis or as a per-member-per-month (PMPM) basis. (this can be attached with support in a pdf document)	
<b>1. Explain, in detail, how rates and/or rate changes were developed:</b>	<p>The following addresses development of the index rate as summarized in Exhibit 1. As indicated in Section K, full credibility has been assumed on the base experience.</p> <p>Calendar year 2012 allowed costs were used as the starting point for development of the market-wide index rate. Due to the timing of the submission, the data included is for medical costs incurred between 1/1/2012 and 12/31/2012, and paid through 12/31/2012.</p> <p>Base period data: The Revenue Requirement for 2014 for these new products is developed by accumulating Colorado specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered small group business, incurred and paid in the period January 2012 through December 2012 including the incurred but not reported estimates. Allowed cost data includes internal costs, fee for service claims, and prescription drug claims. Allowed claims for internal services are used directly as allocated by KFHP's internal data systems, while allowed claims for external expenses are calculated as paid plus member cost sharing. Note, costs do not include interest and penalty experience due to regional implementation of a new claim adjudication system mid-2011. Earned premiums represent the dues paid by members for coverage during the experience period. No rebates were payable during the experience period.</p> <p>Incurred Estimates: A common reserve tool developed and maintained by Kaiser Actuarial Services is used to set Kaiser's IBNR reserves. Kaiser's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels have been set for internal, external and pharmacy categories, for allowed costs, utilization per thousand, and external cost sharing amounts. The completion factors used to complete the base period external claims are taken from Kaiser's overall commercial line of business. The claims are incurred and paid in 2012 so a 12/12 completion factor is used.</p> <p>Adjustments to Base Period Allowed</p>

2. Provide adequate support for all assumptions and methodologies used:	<p>Non-EHB</p> <p>An adjustment has been made to the base period allowed amount to remove the Non-EHB from the Index Rate. To develop this multiplier, historical experience was pulled by detailed service category. The service categories were bucketed based upon EHB definitions; line items deemed non-EHB (e.g., acupuncture, adult vision exams) were aggregated and removed from the total. The remaining EHB amount was divided by the total in order to determine the historical EHB percentage.</p> <p>This 2012 allowed amount for essential health benefits is considered the experience period index rate. Following is discussion of additional adjustments that have been made to the experience period index rate to project the 2014 index rate.</p> <p>Trend</p> <p>An annual trend assumption of 6.9% was applied from the base period to the projection period. Please refer to Section J. for additional details.</p> <p>Product/Network Adjustment:</p> <p>KFHP will not be offering POS products in 2014. Prior POS plans were jointly offered by KFHP and Kaiser Permanente Insurance Company (KPIC). KFHP was responsible for benefits in Tier 1 while KPIC was responsible for Tier 2 and Tier 3, as applicable per product design. For 2014, POS has been removed from experience using a product/network adjustment.</p> <p>Utilization copayment effect adjustment</p> <p>Allowed claims are adjusted for anticipated changes in the average utilization of services due to average cost sharing requirements in the projection period compared to the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. To account for differences in expected utilization due to different plan designs in the projection period and in the base period, an estimate based upon industry standard factors has been made at the plan level to adjust the base period data to what is expected under the new plan designs. These adjustments are documented in Exhibit 2.</p>
	<p>Demographic and Geographic Area Normalization</p> <p>Differences in expected average age and area of the population are also applied to the base period claims experience to project 2014 experience. An experience period average age was derived by applying 2012 member months to the CMS age factors. 2012 membership distribution by age is summarized in Exhibit 8. No material adjustments have been assumed regarding 2014 demographics for this business line. Average area factor adjustments were made based upon 2012 membership distribution by geographic area compared to expected 2014 membership distribution by area. The distributions were applied to the proposed geographic rating factors. Please refer to Exhibit 3 for these distributions.</p> <p>Changes in Morbidity</p> <p>The morbidity adjustment reflects the discontinuation of business groups of one in the small group market. Reliance has been placed upon work performed by others within the company to develop membership projections. Expected morbidity levels for business groups of one and all other small group have been established using 2012 allowed costs, normalized for age and expected utilization due to benefit design. The development of this factor along with the documentation of assumptions is included in Exhibit 4.</p> <p>Pediatric dental</p> <p>KFHP will be offering embedded pediatric dental in its off exchange plans. This coverage is provided by Delta Dental; a capitation amount has been provided to KFHP and incorporated into the index rate. Please refer to Exhibit 5 for additional information.</p> <p>The resulting projected allowed cost PMPM for coverage which includes only EHB is the projected period index rate.</p> <p>Adjustments to the Index Rate</p> <p>Risk Adjustment, Reinsurance, and Exchange Fees:</p> <p>An adjustment is made to the index rate to reflect risk adjustment payments anticipated in the rating period based on the expected risk profile relative to the market. Exhibit 4 documents the development of this risk adjustment factor. A market-wide adjustment is also made to reflect the fees associated with the risk adjustment and reinsurance programs. Exhibit 6 illustrates the development of this adjustment, as well as the development of the Exchange fee multiplier, also applied to the market-wide index rate.</p>
	<p>Normalization:</p> <p>Additional factors are then applied to the adjusted index rate in order to normalize it to a base rate reflecting all 1.0 rating factors so that these factors can be applied in order to develop individual rates. This normalization includes applying an average utilization copayment adjustment for all plans offered in 2014 in order to true up utilization to what would be expected under a situation of 100% coverage since the reference plan used as the basis for the AV pricing values is a \$0 cost share plan. Additional normalization factors are age (Exhibit 8), area (Exhibit 3), and the contract limit of 3 children adjustment (Exhibit 7), all applied in order to normalize to factors of 1.0.</p> <p>Plan Level Adjustments:</p> <p>Plan level adjustments are then applied to the adjusted, normalized index rate to reflect the following:</p> <ul style="list-style-type: none"> <li>• The actuarial value and cost sharing design of the plan</li> <li>• Administrative costs, excluding Exchange user fees and reinsurance and risk adjustment fees</li> </ul> <p>Medical plan factors have been developed using industry standard data in a model from an independent national actuarial consulting firm, calibrated to KFHP Colorado experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. Therefore, these plan factors reflect both member cost share and the resulting dampening of expected utilization due to those cost shares. The underlying population within the model is a standard population of KFHP Colorado membership; this same population was used to calculate plan factors for all plan designs. Resulting medical plan factors were then blended with pediatric dental factors in order to reflect differences for plans with and without pediatric dental coverage. Please refer to Exhibit 9 for additional information.</p> <p>As discussed above, administrative costs for medical benefits were developed at an aggregate level for all plans based on historical administrative cost PMPMs trended to 2014, taking into account any expected changes in costs. These were then blended with administrative loads for pediatric dental benefits at the plan level to reflect different administrative costs for plans with and without embedded pediatric dental. Please refer to Exhibit 9 for additional information.</p>

J. TREND	
Additional support and information must be provided on the "Historical Trend" and "Normalized Trend" tabs	
Itemized trend component	Trend (%)
MEDICAL TREND (total)	6.5%
PHARMACEUTICAL TREND (total)	9.5%
TOTAL AVERAGE ANNUALIZED TREND (required)	6.9%
Additional information:	<p>The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of Kaiser's expenses are the fixed costs associated with providing medical care through its delivery system including, but not limited to, physicians and support staff FTEs, operating its medical office buildings (MOBs), administrative expenses, and pharmacy delivery. Therefore, the projected cost that is included in the total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given Kaiser's fixed cost structure, Kaiser's projected claims trends fall out of the development of projected budgeted costs. For 2012 to 2014, the projected total annual expense trend of 6.9% has been assumed based upon regional revenue requirements and analysis of prior Kaiser experience.</p> <p>For reference, historical trend experience has been included in additional tabs reflecting allowed and normalized data. Note, due to date limitations the jointly offered KFHP of CO / KPIC POS experience is not included. Membership in these products was &lt;=1% at peak and averaged &lt;0.1% for 2012.</p>

<b>K. CREDIBILITY</b>	
1. Credibility Percentage (Colorado Only):	100%
The above credibility percentage is based upon:	Life Years & Claims
Other (please specify)	
2. Number of years of data used to calculate above credibility percentage:	1
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable.	Base membership exposure and claim counts exceed 2000.
Additional Information: (including collateral data, if used)	
<b>L. DATA REQUIREMENTS</b>	
Please see tab "Data Requirements"	
<b>M. SIDE-BY-SIDE COMPARISON</b>	
N/A; please see Section O.	
<b>N. BENEFITS RATIO PROJECTIONS</b>	
Please see "Projected Benefits Ratio"	
<b>O. OTHER FACTORS</b>	
Identify and provide support for other rating factors and definitions, including area factors, age factors, gender factors, etc.:	Please see tab "Other Rating Factors"
Additional Information:	<p>The enclosed Attachments I-a through I-h contain all applicable rating factors and rating formulas. The factors discussed below can also be found in the "Other Rating Factors" tab of this memorandum. Note that due to the ways in which the binder templates work, multiple plan IDs needed to be created for every benefit plan. For reference, Attachment I-d includes a mapping from plans to the HIOS Plan IDs that are required to be used in the URRRT.</p> <p>Area Factors: The area factor table used to develop area specific rates was determined from company experience normalized for risk scores and demographic adjustments. Please see Appendix I-a and I-b for additional details.</p> <p>Age Factors: The age factor table used to develop age specific rates is the standard table provided by CMS and required in the state of Colorado.</p> <p>Quarterly Trend Factors: The index rate will increase each quarter at the annual trend rate previously indicated.</p>

**A: SUMMARY 6. Policy/Rider Impacted:**

PLAN MARKETING NAME	Exchange	2014 EVIDENCE OF COVERAGE (EOC) DOCUMENT FOOTER/NAME
SG KP CO Gold 0/30	On	SG IX HMO Gold 0 30 EOC(01-14)
SG KP CO Gold 500/20	On	SG IX DHMO Gold 500 20 EOC(01-14)
SG KP CO Silver 1200/35	On	SG IX DHMO Silver 1200 35 EOC(01-14)
SG KP CO Silver 1500/50	On	SG IX DHMO Silver 1500 50 EOC(01-14)
SG KP CO Silver 2000/30/HSA	On	SG IX HDHP Silver 2000 30 EOC(01-14)
SG KP CO Bronze 4500/50	On	SG IX DHMO Bronze 4500 50 EOC(01-14)
SG KP CO Bronze 3500/40/HSA	On	SG IX HDHP Bronze 3500 40 EOC(01-14)
SG KP CO Bronze 4500/50%/HSA	On	SG IX HDHP Bronze 4500 50% EOC(01-14)
SG KP CO Gold 0/30/Dental	Off	SG OX HMO Gold 0 30 EOC(01-14)
SG KP CO Gold 500/20/Dental	Off	SG OX DHMO Gold 500 20 EOC(01-14)
SG KP CO Gold HRA 1500/30/Dental	Off	SG OX DHMO Gold 1500 30 EOC(01-14)
SG KP CO Silver 1200/35/Dental	Off	SG OX DHMO Silver 1200 35 EOC(01-14)
SG KP CO Silver 1500/50/Dental	Off	SG OX DHMO Silver 1500 50 EOC(01-14)
SG KP CO Silver 2000/30/HSA/Dental	Off	SG OX HDHP Silver 2000 30 EOC(01-14)
SG KP CO Silver HRA 2500/50/HSA/Dental	Off	SG OX HDHP Silver 2500 50 EOC(01-14)
SG KP CO Bronze 4500/50/Dental	Off	SG OX DHMO Bronze 4500 50 EOC(01-14)
SG KP CO Bronze 3500/40/HSA/Dental	Off	SG OX HDHP Bronze 3500 40 EOC(01-14)
SG KP CO Bronze 4500/50%/HSA/Dental	Off	SG OX HDHP Bronze 4500 50% EOC(01-14)

E. RATE HISTORY					
Provide rate changes made in at least the last three years (If available)		N/A (Initial Filing)			
COLORADO					
State Tracking Number		% OF CHANGE			
or SERFF Tracking Number	Effective Date	Minimum	Average	Maximum	Cumulative for past 12 Months

NATIONWIDE		
Effective Date	Average % of change	Cumulative for past 12 Months
Additional Information:		

L. DATA REQUIREMENTS								
Colorado-only basis for at least 3 years. <b>Include</b> national, regional or other appropriate basis, if the Colorado data is not fully credible. The experience period must include consecutive data no older than 9 months prior to the proposed effective date.								
COLORADO								
Year*	Earned Premium	Incurred Claims	Total Estimated IBNR Claims	Total Estimated Incurred Claims	Loss Ratio	Average Covered Lives	Number of Claims	Colorado On Rate Level Premium
2010	270,838,347	219,120,518	89,570	219,210,088	80.9%	77,164	1,312,503	338,824,945
2011	281,849,890	215,033,450	332,490	215,365,940	76.4%	74,127	1,254,182	325,486,694
2012	276,786,469	197,051,629	14,718,776	211,770,405	76.5%	66,913	1,111,784	293,811,458
2013								
*This column should be Calendar Year. If fractional year is used, identify period as MM/YYYY – MM/YYYY								
Above data is for:		Prior Comparable Products: Small Group KFHP of CO HMO & KPIC/KFHP of CO POS products. 2010 premium values shown assume standard revenue collection and exclude KP/DOI premium refund agreements.						
OTHER DATA								
Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Total Estimated IBNR Claims	Average Covered Lives	Number of Claims		
2010								
2011								
2012								
2013								
Above data is for:								
Experience Period: (From ____ to ____)								
Additional Information:		Claims counts represent encounters for internal KP expenses, claim information such as inpatient days and outpatient visits for external claims, and number of scripts for Pharmacy.						

M. SIDE-BY-SIDE COMPARISON		N/A (Initial Filing)	
If the proposed rating factor(s) are new, the memorandum must specifically so state, and provide detailed support for each of the factors.			
Description	Current Rate/ Rating Factor/ Rating Variable	Proposed Rate/ Rating Factor/Rating Variable	Percentage Increase/ Decrease
If the above table is not used, please identify the location of the Side-by-Side Comparison in the rate filing:			
Description and detailed support for new rating factor(s):			
Additional Information:			

N. PROJECTED EXPERIENCE FOR RATING PERIOD			
	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	58,707,000	45,498,000	77.5%
Projected Experience With Rate Change	58,707,000	45,498,000	77.5%
Additional Information	Due to availability of monthly calendar enrollment, the projection reflects expect 2014 calendar year exposure, including timing impacts of index trending and group entrants. Extended (e.g., 2015) experience is not reflected.		



Month Through Which Claims are Paid:

Dec-12

Notes:

Costs Represent Allowed Claims; Due to data limitations, does not include jointly offered KFHP/KPIC POS products comprising of ~1% of total business at peak and 67 average lives (~0.1%) for 2012

Row #	Month	Members	Medical		Pharmacy		Medical	Pharmacy	Total
			Total	Estimated	Total	Estimated	12-Month	12-Month	12-Month
			Incurred Claims	IBNR Claims	Incurred Claims	IBNR Claims	pmpm Trend	pmpm Trend	pmpm Trend
1	Jan-09	73,475	\$17,830,396	\$0	\$2,425,735	\$0	---	---	---
2	Feb-09	72,975	\$17,054,503	\$0	\$2,388,896	\$0	---	---	---
3	Mar-09	73,280	\$18,274,347	\$0	\$2,613,121	\$0	---	---	---
4	Apr-09	73,289	\$16,539,094	\$35	\$2,637,497	\$0	---	---	---
5	May-09	73,049	\$16,768,818	\$124	\$2,161,688	\$0	---	---	---
6	Jun-09	73,094	\$16,692,113	\$218	\$2,523,500	\$0	---	---	---
7	Jul-09	72,896	\$17,931,451	\$416	\$2,409,793	\$0	---	---	---
8	Aug-09	72,424	\$17,594,847	\$619	\$2,270,477	\$0	---	---	---
9	Sep-09	72,753	\$17,130,266	\$380	\$2,590,886	\$0	---	---	---
10	Oct-09	72,558	\$19,649,347	\$785	\$2,525,290	\$0	---	---	---
11	Nov-09	72,583	\$17,699,042	\$732	\$2,381,539	\$0	---	---	---
12	Dec-09	73,934	\$16,557,295	\$1,065	\$2,651,312	\$0	\$239	\$34	\$273
13	Jan-10	75,641	\$20,097,946	\$1,936	\$2,252,640	\$0	\$241	\$33	\$275
14	Feb-10	75,815	\$18,478,047	\$2,295	\$2,191,324	\$0	\$242	\$33	\$275
15	Mar-10	75,667	\$20,921,715	\$6,849	\$2,528,292	\$0	\$245	\$33	\$277
16	Apr-10	75,931	\$19,796,658	\$7,091	\$2,499,721	\$0	\$247	\$33	\$280
17	May-10	76,270	\$17,705,451	\$7,093	\$2,579,444	\$0	\$248	\$33	\$281
18	Jun-10	76,468	\$18,294,388	\$8,020	\$2,578,458	\$0	\$248	\$33	\$281
19	Jul-10	76,182	\$18,718,456	\$10,337	\$2,456,660	\$0	\$248	\$33	\$281
20	Aug-10	76,766	\$19,435,074	\$11,448	\$2,793,148	\$0	\$249	\$33	\$283
21	Sep-10	76,906	\$20,143,184	\$9,977	\$2,539,281	\$0	\$252	\$33	\$285
22	Oct-10	76,811	\$19,230,256	\$13,256	\$2,510,078	\$4	\$250	\$33	\$283
23	Nov-10	76,742	\$20,191,629	\$15,774	\$2,715,786	\$4	\$252	\$33	\$285
24	Dec-10	77,414	\$20,317,718	\$17,223	\$2,930,915	\$7	\$255	\$33	\$288
25	Jan-11	76,969	\$18,973,067	\$17,114	\$2,553,279	\$7	\$253	\$34	\$287
26	Feb-11	76,084	\$18,276,634	\$15,398	\$2,575,271	\$7	\$253	\$34	\$287
27	Mar-11	75,528	\$21,010,208	\$24,377	\$2,879,516	\$8	\$253	\$34	\$287
28	Apr-11	74,676	\$19,015,764	\$21,386	\$2,657,166	\$7	\$252	\$35	\$287
29	May-11	74,251	\$20,540,557	\$27,911	\$2,739,854	\$7	\$256	\$35	\$291
30	Jun-11	73,455	\$19,286,048	\$29,919	\$2,710,299	\$7	\$258	\$35	\$293
31	Jul-11	72,963	\$18,995,010	\$36,513	\$2,465,453	\$7	\$259	\$35	\$295
32	Aug-11	72,497	\$19,587,056	\$37,796	\$2,744,358	\$12	\$261	\$35	\$296
33	Sep-11	71,888	\$16,741,099	\$30,855	\$2,710,633	\$18	\$258	\$36	\$294
34	Oct-11	71,209	\$18,260,805	\$53,038	\$2,533,782	\$25	\$259	\$36	\$295
35	Nov-11	70,569	\$20,290,867	\$55,583	\$2,537,988	\$34	\$261	\$36	\$297
36	Dec-11	70,229	\$19,277,187	\$75,716	\$2,685,983	\$28	\$262	\$36	\$298
37	Jan-12	69,626	\$20,819,897	\$111,921	\$2,725,339	\$35	\$266	\$37	\$303
38	Feb-12	68,805	\$18,511,779	\$105,888	\$3,186,998	\$49	\$269	\$38	\$307
39	Mar-12	68,430	\$18,973,266	\$150,875	\$2,880,724	\$1,618	\$269	\$38	\$307
40	Apr-12	67,787	\$18,580,494	\$260,123	\$2,545,249	\$1,459	\$271	\$38	\$309
41	May-12	67,526	\$19,315,978	\$341,333	\$2,795,104	\$1,614	\$272	\$38	\$311
42	Jun-12	66,861	\$17,777,725	\$404,940	\$2,810,978	\$1,528	\$273	\$39	\$312
43	Jul-12	66,448	\$17,860,599	\$540,177	\$2,819,124	\$4,046	\$274	\$40	\$314
44	Aug-12	65,889	\$17,911,809	\$766,708	\$2,897,755	\$4,108	\$275	\$40	\$315
45	Sep-12	65,500	\$15,359,669	\$1,062,315	\$2,588,963	\$3,811	\$277	\$40	\$317
46	Oct-12	65,152	\$18,561,174	\$2,138,104	\$3,033,427	\$4,244	\$282	\$41	\$323
47	Nov-12	65,177	\$15,419,604	\$3,057,170	\$2,935,419	\$3,822	\$282	\$42	\$324
48	Dec-12	64,947	\$10,601,648	\$8,161,499	\$2,666,855	\$123,604	\$283	\$42	\$325

Start Month	End Month	Members	Medical		Pharmacy		One Year Trends		
			Total Incurred Claims	Estimated IBNR Claims	Total Incurred Claims	Estimated IBNR Claims	Medical Trend	Pharmacy Trend	Total Trend
Jan-09	Dec-09	876,310	209,721,519	4,374	29,579,734	0	---	---	---
Jan-10	Dec-10	916,613	233,330,522	111,299	30,575,747	15	6.4%	-1.2%	5.5%
Jan-11	Dec-11	880,318	230,254,302	425,606	31,793,582	167	2.9%	8.3%	3.5%
Jan-12	Dec-12	802,148	209,693,642	17,101,053	33,885,935	149,938	7.9%	17.5%	9.1%

Month Through Which Claims are Paid:

Dec-12

Costs Represent Allowed Claims normalized for demo and geo. Due to data limitations, does not include jointly offered KFHP/KPIC POS products comprising of ~1% of total business at peak and 67 average lives (~0.1%) for 2012.

Note:

Row #	Month	Members	Medical	Pharmacy	Medical	Pharmacy	Total
			Normalized Incurred Claims	Normalized Incurred Claims	12-Month pmpm Trend	12-Month pmpm Trend	12-Month pmpm Trend
1	Jan-09	73,475	\$11,798,522	\$1,605,129	---	---	---
2	Feb-09	72,975	\$11,280,709	\$1,580,137	---	---	---
3	Mar-09	73,280	\$12,071,961	\$1,726,217	---	---	---
4	Apr-09	73,289	\$10,917,262	\$1,740,977	---	---	---
5	May-09	73,049	\$11,060,732	\$1,425,842	---	---	---
6	Jun-09	73,094	\$11,007,736	\$1,664,119	---	---	---
7	Jul-09	72,896	\$11,803,082	\$1,586,170	---	---	---
8	Aug-09	72,424	\$11,546,668	\$1,489,955	---	---	---
9	Sep-09	72,753	\$11,235,290	\$1,699,256	---	---	---
10	Oct-09	72,558	\$12,870,865	\$1,654,069	---	---	---
11	Nov-09	72,583	\$11,587,507	\$1,559,122	---	---	---
12	Dec-09	73,934	\$10,826,313	\$1,733,501	\$157	\$22	\$180
13	Jan-10	75,641	\$13,137,345	\$1,472,332	\$159	\$22	\$181
14	Feb-10	75,815	\$12,079,138	\$1,432,295	\$159	\$22	\$181
15	Mar-10	75,667	\$13,673,318	\$1,651,816	\$160	\$22	\$182
16	Apr-10	75,931	\$12,938,554	\$1,633,165	\$162	\$21	\$184
17	May-10	76,270	\$11,553,487	\$1,682,513	\$162	\$22	\$184
18	Jun-10	76,468	\$11,917,394	\$1,678,932	\$163	\$22	\$184
19	Jul-10	76,182	\$12,191,741	\$1,599,193	\$162	\$22	\$184
20	Aug-10	76,766	\$12,669,325	\$1,819,724	\$163	\$22	\$185
21	Sep-10	76,906	\$13,112,752	\$1,652,195	\$164	\$22	\$186
22	Oct-10	76,811	\$12,518,711	\$1,632,913	\$163	\$22	\$185
23	Nov-10	76,742	\$13,133,553	\$1,765,095	\$164	\$22	\$186
24	Dec-10	77,414	\$13,204,516	\$1,903,198	\$166	\$22	\$188
25	Jan-11	76,969	\$12,326,480	\$1,657,332	\$165	\$22	\$187
26	Feb-11	76,084	\$11,877,510	\$1,672,198	\$165	\$22	\$187
27	Mar-11	75,528	\$13,652,445	\$1,868,948	\$165	\$22	\$187
28	Apr-11	74,676	\$12,337,866	\$1,722,098	\$164	\$23	\$187
29	May-11	74,251	\$13,312,416	\$1,773,305	\$166	\$23	\$189
30	Jun-11	73,455	\$12,482,485	\$1,751,471	\$168	\$23	\$190
31	Jul-11	72,963	\$12,291,399	\$1,592,303	\$168	\$23	\$191
32	Aug-11	72,497	\$12,652,579	\$1,769,356	\$169	\$23	\$192
33	Sep-11	71,888	\$10,787,916	\$1,743,522	\$167	\$23	\$191
34	Oct-11	71,209	\$11,768,946	\$1,628,290	\$168	\$23	\$191
35	Nov-11	70,569	\$13,057,678	\$1,628,818	\$169	\$23	\$192
36	Dec-11	70,229	\$12,430,001	\$1,725,174	\$169	\$23	\$193
37	Jan-12	69,626	\$13,456,085	\$1,752,016	\$172	\$24	\$196
38	Feb-12	68,805	\$11,967,332	\$2,048,616	\$173	\$24	\$198
39	Mar-12	68,430	\$12,299,659	\$1,853,774	\$173	\$24	\$198
40	Apr-12	67,787	\$12,111,286	\$1,637,096	\$174	\$25	\$199
41	May-12	67,526	\$12,628,939	\$1,796,765	\$175	\$25	\$200
42	Jun-12	66,861	\$11,679,904	\$1,806,655	\$175	\$25	\$201
43	Jul-12	66,448	\$11,819,274	\$1,813,392	\$176	\$25	\$202
44	Aug-12	65,889	\$12,001,189	\$1,864,484	\$177	\$26	\$203
45	Sep-12	65,500	\$10,545,805	\$1,665,017	\$178	\$26	\$204
46	Oct-12	65,152	\$13,232,269	\$1,941,869	\$181	\$26	\$208
47	Nov-12	65,177	\$11,813,307	\$1,879,233	\$181	\$27	\$208
48	Dec-12	64,947	\$12,002,317	\$1,784,987	\$181	\$27	\$209

Start Month	End Month	Members Months	Medical	Pharmacy	One Year Trends		
			Total Incurred Claims	Total Incurred Claims	Medical Trend	Pharmacy Trend	Total Trend
Jan-09	Dec-09	876,310	138,006,647	19,464,494	---	---	---
Jan-10	Dec-10	916,613	152,129,834	19,923,371	5.4%	-2.1%	4.5%
Jan-11	Dec-11	880,318	148,977,721	20,532,815	2.0%	7.3%	2.6%
Jan-12	Dec-12	802,148	145,557,366	21,843,904	7.2%	16.8%	8.4%

**Q. OTHER FACTORS**

Effective Date	Base Rate
1/1/2014	\$297.44

Effective Date	Trend Factor
1/1/2014	1.000
4/1/2014	1.017
7/1/2014	1.034
10/1/2014	1.051

Metallic Level	Street Name	Plan Design Factor	Non-EHB Factor	Admin Factor	Exchange Offering
Gold	KP CO Gold 0/30	0.783	1.000	1.261	On
Gold	KP CO Gold 500/20	0.750	1.000	1.261	On
Silver	KP CO Silver 1200/35	0.660	1.000	1.261	On
Silver	KP CO Silver 1500/50	0.641	1.000	1.261	On
Silver	KP CO Silver 2000/30/HSA	0.646	1.000	1.261	On
Bronze	KP CO Bronze 4500/50	0.583	1.000	1.261	On
Bronze	KP CO Bronze 3500/40/HSA	0.533	1.000	1.261	On
Bronze	KP CO Bronze 4500/50%/HSA	0.492	1.000	1.261	On
Gold	KP CO Gold 0/30/Dental	0.798	1.000	1.258	Off
Gold	KP CO Gold 500/20/Dental	0.764	1.000	1.258	Off
Gold	KP CO Gold HRA 500 1500/30/Dental	0.714	1.000	1.258	Off
Gold	KP CO Gold HRA 600 1500/30/Dental	0.714	1.000	1.258	Off
Gold	KP CO Gold HRA 700 1500/30/Dental	0.714	1.000	1.258	Off
Silver	KP CO Silver 1200/35/Dental	0.675	1.000	1.258	Off
Silver	KP CO Silver 1500/50/Dental	0.655	1.000	1.258	Off
Silver	KP CO Silver 2000/30/HSA/Dental	0.660	1.000	1.258	Off
Silver	KP CO Silver HRA 500 2500/50/HSA/Dental	0.584	1.000	1.257	Off
Silver	KP CO Silver HRA 600 2500/50/HSA/Dental	0.584	1.000	1.257	Off
Silver	KP CO Silver HRA 700 2500/50/HSA/Dental	0.584	1.000	1.257	Off
Bronze	KP CO Bronze 4500/50/Dental	0.597	1.000	1.257	Off
Bronze	KP CO Bronze 3500/40/HSA/Dental	0.547	1.000	1.257	Off
Bronze	KP CO Bronze 4500/50%/HSA/Dental	0.506	1.000	1.257	Off

Rating Area	Counties	Factor
Rating Area 1	Boulder	1.000
Rating Area 2	El Paso, Teller	1.100
Rating Area 3	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park	1.000
Rating Area 4	Larimer	0.950
Rating Area 5	Mesa	1.000
Rating Area 6	Weld	0.950
Rating Area 7	Pueblo	1.200
Rating Area 8	Fremont, Huefano, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Otero, Prowers, Rio Grande, Saguache	1.200
Rating Area 9	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma	0.950
Rating Area 10	Archuleta, Delta, Dolores, Grand, Gunnison, Hinsdale, Jackson, La Plata, Lake Moffat, Montezuma, Montrose, Ouray, Rio Blanco, Routt, San Juan, San Miguel	1.000
Rating Area 11	Eagle, Garfield, Pitkin, Summit	1.000

Attained Age	Age Factor
20 and Under	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
64	3.000
65 and over	3.000

**Kaiser Foundation Health Plan of Colorado**

**Colorado: Small Group**

**Rating Factors**

**Attachment II**

**Required Rate Sample**

**40 year old non-tobacco user rates for richest and leanest plan in each metal tier**

Plan Name	Rating Area										
	1	2	3	4	5	6	7	8	9	10	11
KP CO Gold 0/30/Dental	\$381	\$420	\$381	\$362	\$381	\$362	\$458	\$458	\$362	\$381	\$381
KP CO Gold HRA 700 1500/30/Dental	\$341	\$376	\$341	\$324	\$341	\$324	\$410	\$410	\$324	\$341	\$341
KP CO Silver 1200/35/Dental	\$322	\$355	\$322	\$306	\$322	\$306	\$387	\$387	\$306	\$322	\$322
KP CO Silver HRA 700 2500/50/HSA/Dental	\$279	\$307	\$279	\$265	\$279	\$265	\$335	\$335	\$265	\$279	\$279
KP CO Bronze 4500/50/Dental	\$285	\$314	\$285	\$271	\$285	\$271	\$342	\$342	\$271	\$285	\$285
KP CO Bronze 4500/50%/HSA	\$236	\$259	\$236	\$224	\$236	\$224	\$283	\$283	\$224	\$236	\$236

**Kaiser Foundation Health Plan of Colorado**  
**Colorado: Small Group**  
**Rating Factors**

**Attachment I-a**  
**Rating Formula**

**Member Rate Calculation**

Base Rate	a
Trend Factor	b
Geographic Location Factor	c
Plan Design Factor	d
Non-EHB Factor	e
Administrative Factor	f
Age Factor	g
<hr/>	<hr/>
Member Rate	$h = a * b * c * d * e * f * g$

**Family - Maximum Child**

The rates of each individual member are added together to arrive at a family premium. In computing the family premium, the rates of only the three eldest child dependents under the age of 21 are included. All child dependents age 21 and older are included in the family premium calculation.

**Required Group Premium**

Total group premium is determined by summing the individual and family premiums as determined via the formulas and dependent child caps indicated above.

**Kaiser Foundation Health Plan of Colorado**  
**Colorado: Small Group**  
**Rating Factors**

**Attachment I-b**  
**Index and Quarterly Trend Factor**

<b>Effective Date</b>	<b>Base Rate</b>
1/1/2014	\$297.44

<b>Effective Date</b>	<b>Trend Factor</b>
1/1/2014	1.000
4/1/2014	1.017
7/1/2014	1.034
10/1/2014	1.051

**Kaiser Foundation Health Plan of Colorado**  
**Colorado: Small Group**  
**Rating Factors**

**Attachment I-c**  
**Geographic Rating Factors**

<b>Rating Area</b>	<b>Counties</b>	<b>Factor</b>
Rating Area 1	Boulder	1.000
Rating Area 2	El Paso, Teller	1.100
Rating Area 3	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park	1.000
Rating Area 4	Larimer	0.950
Rating Area 5	Mesa	1.000
Rating Area 6	Weld	0.950
Rating Area 7	Pueblo	1.200
Rating Area 8	Alamosa, Baca, Bent, Chaffee, Cheyenne, Conejos, Costilla, Crowley, Custer, Fremont, Huefano, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Otero, Prowers, Rio Grande, Saguache	1.200
Rating Area 9	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma	0.950
Rating Area 10	Archuleta, Delta, Dolores, Grand, Gunnison, Hinsdale, Jackson, La Plata, Lake Moffat, Montezuma, Montrose, Ouray, Rio Blanco, Routt, San Juan, San Miguel	1.000
Rating Area 11	Eagle, Garfield, Pitkin, Summit	1.000



**Kaiser Foundation Health Plan of Colorado**  
**Colorado: Small Group**  
**Rating Factors**

**Attachment I-d**  
**Plan IDs**

Plan "Street Name"	Plan IDs	Exchange Offering
KP CO Gold 0/30	21032CO0710001 21032CO0710009 21032CO0710010	On
KP CO Gold 500/20	21032CO0710002 21032CO0710011 21032CO0710012	On
KP CO Silver 1200/35	21032CO0710003 21032CO0710013 21032CO0710015	On
KP CO Silver 1500/50	21032CO0710004 21032CO0710014 21032CO0710016	On
KP CO Silver 2000/30/HSA	21032CO0710005 21032CO0710017 21032CO0710020	On
KP CO Bronze 4500/50	21032CO0710008 21032CO0710023 21032CO0710024	On
KP CO Bronze 3500/40/HSA	21032CO0710006 21032CO0710018 21032CO0710021	On
KP CO Bronze 4500/50%/HSA	21032CO0710007 21032CO0710019 21032CO0710022	On
KP CO Gold 0/30/Dental	21032CO0790001 21032CO0790017 21032CO0790018	Off
KP CO Gold 500/20/Dental	21032CO0790002 21032CO0790019 21032CO0790020	Off
KP CO Gold HRA 500 1500/30/Dental	21032CO0790013 21032CO0790039 21032CO0790042	Off
KP CO Gold HRA 600 1500/30/Dental	21032CO0790014 21032CO0790040 21032CO0790043	Off
KP CO Gold HRA 700 1500/30/Dental	21032CO0790015 21032CO0790041 21032CO0790044	Off
KP CO Silver 1200/35/Dental	21032CO0790003 21032CO0790021 21032CO0790023	Off
KP CO Silver 1500/50/Dental	21032CO0790004 21032CO0790022 21032CO0790024	Off
KP CO Silver 2000/30/HSA/Dental	21032CO0790005 21032CO0790025 21032CO0790028	Off
KP CO Silver HRA 500 2500/50/HSA/Dental	21032CO0790008 21032CO0790031 21032CO0790034	Off
KP CO Silver HRA 600 2500/50/HSA/Dental	21032CO0790009 21032CO0790032 21032CO0790035	Off
KP CO Silver HRA 700 2500/50/HSA/Dental	21032CO0790010 21032CO0790033 21032CO0790036	Off
KP CO Bronze 4500/50/Dental	21032CO0790012 21032CO0790037 21032CO0790038	Off
KP CO Bronze 3500/40/HSA/Dental	21032CO0790006 21032CO0790026 21032CO0790029	Off
KP CO Bronze 4500/50%/HSA/Dental	21032CO0790007 21032CO0790027 21032CO0790030	Off

**Kaiser Foundation Health Plan of Colorado**  
**Colorado: Small Group**  
**Rating Factors**

**Attachment I-e**  
**Allowable Modifiers by Plan: Plan Design Factor**

<b>Name</b>	<b>Factor</b>
KP CO Gold 0/30	0.783
KP CO Gold 500/20	0.750
KP CO Silver 1200/35	0.660
KP CO Silver 1500/50	0.641
KP CO Silver 2000/30/HSA	0.646
KP CO Bronze 4500/50	0.583
KP CO Bronze 3500/40/HSA	0.533
KP CO Bronze 4500/50%/HSA	0.492
KP CO Gold 0/30/Dental	0.798
KP CO Gold 500/20/Dental	0.764
KP CO Gold HRA 500 1500/30/Dental	0.714
KP CO Gold HRA 600 1500/30/Dental	0.714
KP CO Gold HRA 700 1500/30/Dental	0.714
KP CO Silver 1200/35/Dental	0.675
KP CO Silver 1500/50/Dental	0.655
KP CO Silver 2000/30/HSA/Dental	0.660
KP CO Silver HRA 500 2500/50/HSA/Dental	0.584
KP CO Silver HRA 600 2500/50/HSA/Dental	0.584
KP CO Silver HRA 700 2500/50/HSA/Dental	0.584
KP CO Bronze 4500/50/Dental	0.597
KP CO Bronze 3500/40/HSA/Dental	0.547
KP CO Bronze 4500/50%/HSA/Dental	0.506

**Kaiser Foundation Health Plan of Colorado**  
**Colorado: Small Group**  
**Rating Factors**

**Attachment I-f**  
**Allowable Modifiers by Plan: Non-EHB**

<b>Name</b>	<b>Factor</b>
KP CO Gold 0/30	1.00
KP CO Gold 500/20	1.00
KP CO Silver 1200/35	1.00
KP CO Silver 1500/50	1.00
KP CO Silver 2000/30/HSA	1.00
KP CO Bronze 4500/50	1.00
KP CO Bronze 3500/40/HSA	1.00
KP CO Bronze 4500/50%/HSA	1.00
KP CO Gold 0/30/Dental	1.00
KP CO Gold 500/20/Dental	1.00
KP CO Gold HRA 500 1500/30/Dental	1.00
KP CO Gold HRA 600 1500/30/Dental	1.00
KP CO Gold HRA 700 1500/30/Dental	1.00
KP CO Silver 1200/35/Dental	1.00
KP CO Silver 1500/50/Dental	1.00
KP CO Silver 2000/30/HSA/Dental	1.00
KP CO Silver HRA 500 2500/50/HSA/Dental	1.00
KP CO Silver HRA 600 2500/50/HSA/Dental	1.00
KP CO Silver HRA 700 2500/50/HSA/Dental	1.00
KP CO Bronze 4500/50/Dental	1.00
KP CO Bronze 3500/40/HSA/Dental	1.00
KP CO Bronze 4500/50%/HSA/Dental	1.00

**Kaiser Foundation Health Plan of Colorado**  
**Colorado: Small Group**  
**Rating Factors**

**Attachment I-g**  
**Allowable Modifiers by Plan: Administrative Factor**

Name	Factor
KP CO Gold 0/30	1.261
KP CO Gold 500/20	1.261
KP CO Silver 1200/35	1.261
KP CO Silver 1500/50	1.261
KP CO Silver 2000/30/HSA	1.261
KP CO Bronze 4500/50	1.261
KP CO Bronze 3500/40/HSA	1.261
KP CO Bronze 4500/50%/HSA	1.261
KP CO Gold 0/30/Dental	1.258
KP CO Gold 500/20/Dental	1.258
KP CO Gold HRA 500 1500/30/Dental	1.258
KP CO Gold HRA 600 1500/30/Dental	1.258
KP CO Gold HRA 700 1500/30/Dental	1.258
KP CO Silver 1200/35/Dental	1.258
KP CO Silver 1500/50/Dental	1.258
KP CO Silver 2000/30/HSA/Dental	1.258
KP CO Silver HRA 500 2500/50/HSA/Dental	1.257
KP CO Silver HRA 600 2500/50/HSA/Dental	1.257
KP CO Silver HRA 700 2500/50/HSA/Dental	1.257
KP CO Bronze 4500/50/Dental	1.257
KP CO Bronze 3500/40/HSA/Dental	1.257
KP CO Bronze 4500/50%/HSA/Dental	1.257

**Kaiser Foundation Health Plan of Colorado**  
**Colorado: Small Group**  
**Rating Factors**

**Attachment I-h**  
**Age Rating Factors**

<b>Attained Age</b>	<b>Factor</b>
20 and Under	0.635
21	1.000
22	1.000
23	1.000
24	1.000
25	1.004
26	1.024
27	1.048
28	1.087
29	1.119
30	1.135
31	1.159
32	1.183
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
64	3.000
65 and over	3.000